

<b>Case Number:</b>	CM14-0198691		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 48 year old male who developed chronic spinal and shoulder problems subsequent to a motor vehicle accident on 1/29/13. His low back pain has stabilized and improved over time. His cervical pain continues and is associated with radicular pain. No over nerve loss is documented. He also is treated for shoulder problems and has had a Mumford Procedure. Electrodiagnostic testing is consistent with radicular complaints and MRI studies shows advanced spondylosis in the lower cervical region. Some central and foraminal stenosis is noted. He has no history of medication misuse and is currently being treated with oral analgesics consisting of Tramadol 150XL 1 or 2 per day, Cyclobenzaprine, Naprosyn and Desyrel (as a sleep aid). A section of the records states he is utilizing Tylenol #4, but this appears to be a hold over on various computer generated sections of the report. There are no authorization requests for Tylenol #4 and the narrative portions that discuss current medications do not include its use. Mild to moderate pain relief is reported from medications and activity levels are improved. His sleep is affected due to chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol ER 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, weaning of medications; Opioid hyper.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80.

**Decision rationale:** MTUS Guidelines allow for the judicious use of opioids when there is meaningful pain relief, functional improvements and lack of aberrant drug behaviors. This individual meets the Guideline criteria with his limited use of Tramadol. According to guidelines, the Tramadol 150mg ER #60 is medically necessary for this injured worker.

**Desyrel 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment/ Medications

**Decision rationale:** MTUS Guidelines do not address this issue. Updated ODG addresses this issue and allow for the long-term use of sleep aids if insomnia is chronic and due to other chronic issues such as pain (secondary insomnia). The guidelines' supported treatment is 6 weeks of cognitive behavioral therapy for insomnia before the medications are discontinued. There is no evidence that this has been provided. Under these circumstances the Desyrel is guideline supported and is medically necessary.