

Case Number:	CM14-0206329		
Date Assigned:	12/18/2014	Date of Injury:	02/01/2012
Decision Date:	02/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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:

Patient with reported date of injury on 2/1/2012. No mechanism of injury was provided. Patient has a diagnosis of cervicalgia and carpal tunnel syndrome. Medical reports reviewed. Last report available until 10/28/2014. Patient complains of neck pain worsened with movement. Pain is sharp and radiates to upper extremities. Associated with headaches. Pain is 7/10. Patient also has wrist pains that is worsened with grip or use. Pain is 6/10 and unchanged. Objective exam reveals tenderness to paravertebrals to neck with spasms. Positive axial loading is positive with positive Spurling's. Range of motion (ROM) is limited. Numbness and tingling to C6-7 of arms. Strength is 4/5 on wrist extensors. Wrist exam reveals tenderness over volar wrist with positive palmar compression test and Phalen's. No medication list was provided. Documentation of medications is poor. There is no appropriate review of medications or how long patient has been on or what medications the patient is actually taking. Patient appears to have been on Flexeril since 2012 and may be on Neurontin. Last medication list found was from 5/13 which list Tramadol, Omeprazole, Neurontin, Imitrex and zofran. Independent Medical Review is for Tramadol ER 150mg #90, Eszopiclone (Lunesta) 1mg #30 and Cyclobenzaprine 7.5mg #60. Prior Utilization Review on 12/1/14 recommended non-certification. It partially certified cyclobenzaprine. It approved Fenopfen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

Eszopiclone (Lunesta) 1mg #30: Upheld

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a Benzodiazepine agonist approved for insomnia. As per the ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is no documented improvement or conservative measures attempted. Eszopiclone is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is Cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.