

Case Number:	CM14-0207196		
Date Assigned:	12/19/2014	Date of Injury:	12/07/1992
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, Massachusetts
Certification(s)/Specialty: Neurology

CLINICAL CASE SUMMARY

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

The injured worker is a 70-year-old female who reported an injury on 12/07/1992. The mechanism of injury was not provided. Clinical note dated 11/06/2014 noted the injured worker complains of fibromyalgia pain to the right hip and left knee. Medications included tramadol, diclofenac, and topical analgesics. Diagnoses were bursitis of the hip, hip joint replacement by other means, myalgia, myositis, obesity, chronic pain syndrome, opioids, high dependency, and insomnia. Upon examination of the low back there was full range of motion with flexion, extension, and rotation to the right and left. There was 1+ tenderness over the right greater trochanter bursa area without swelling or redness. The injured worker's urine drug screen performed on 11/06/2014 was positive for methamphetamine. The provider recommended tramadol, Flector patches, and Lunesta. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50 mg #120 is not medically necessary. The California MTUS Guidelines state that opioids are recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status; appropriate medication use and side effects should be evident. There is a lack of documentation of the injured worker's objective functional ability with the use of the medication as well as a complete and adequate pain assessment with the efficacy of the prior use of the medication. There is no information on treatment history and length of time the injured worker had been prescribed Tramadol. Additionally, the most current urine drug screen submitted for review noted the injured worker was consistent with potential aberrant behaviors with evidence of methamphetamine. Additionally, the provider's request as submitted does not indicate the frequency of the medication. As such, the medical necessity of this request has not been established.

Flector patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Flector patch 1.3% #60 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. There is no information on treatment history and length of time the injured worker has been on Flector patches. Additionally, a complete and adequate pain assessment was not provided. According to the stated guidelines, there is little to no research to support the use of many of these agents. As such, the medical necessity of this request has not been established.

Lunesta 2 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Lunesta 2 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long term use. The guidelines recommend a 3 week maximum in the first 2 months of injury only, and discourage its use in the chronic phase. While sleeping pills, antianxiety agents, or so called minor tranquilizers are prescribed in chronic pain, pain specialists rarely, if ever, recommend it for long term use. They are habit forming and may impair function and memory more than opioid pain relievers. The FDA lowered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. The recommended doses can impair driving skills, memory, and coordination as long as 11 hours after the drug is taken. There is no information on the efficacy of the prior use of Lunesta. Additionally, there is no information on if the injured worker is having complaints of initiating sleep, sleep quality, sleep duration, or next day functioning. As such, the medical necessity of this request has not been established.