

Case Number:	CM14-0209030		
Date Assigned:	12/22/2014	Date of Injury:	01/30/2006
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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 New York. 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:

The patient, a 35-year-old male janitor, claims injury when falling boxes knocked him over a machine, and onto a concrete floor on 1/30/2006. He has back pain, radiating to the feet. He also has insomnia. His treating provider is appealing the 12/1/14 denial of tramadol 50 mg #90 and Lunesta 3 mg #30. He has been on tramadol, an opioid, since March 2013. He continues to have pain. Prior reviews have recommended weaning from tramadol, per the peer review. He has also been on Lunesta long-term, since 2013. On 4/28/11 he had an Epworth Sleepiness Scale of 11-12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79-80.

Decision rationale: The CA MTUS states that opioids can be continued if functional improvement and return to work occur, in conjunction with documented improvement in pain level. Conversely, the guidelines advise discontinuation of opioids if there is no functional

improvement or decrease in pain. He has not met criteria to continue opioid medications, and hence, the tramadol is not medically necessary. The denial is upheld.

Lunesta 3mg quantity 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, (Chronic)

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

Decision rationale: The CA-MTUS is silent on the use of sleep aids. The ODG comments on the use of benzodiazepines receptor agonists, such as Lunesta. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The patient has been on Lunesta for many years. There is not documentation of the effectiveness of the medication. There is no documentation of the phase of sleep impacted by whatever sleep disorder this patient has. There has been no explanation of other methods used to work up and combat the disorder. It is not clear that Lunesta is helping him meet any particular goals. The denial is upheld.