

Case Number:	CM15-0001911		
Date Assigned:	01/12/2015	Date of Injury:	12/04/2003
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 12/04/2003. The mechanism of injury is not provided. Her diagnoses were noted to include lumbar displacement of intervertebral disc without myelopathy, cervical displacement of intervertebral disc without myelopathy, lumbar radiculopathy, cervical radiculopathy, postlaminectomy syndrome of the lumbar region, and depression. Past treatments were noted to include epidural steroid injection, medications, TENS unit, and cognitive behavioral therapy. On 11/21/2014, it was indicated the injured worker had complaints of pain to her low back, left hip, left posterior thigh, and right posterior thigh. She reported that her medications were helpful but did not receive her Butrans. Upon physical examination, it was indicated that her trapezius muscles were tight bilaterally and there was marked tenderness to palpation over the left low back and spasm in the paraspinal muscles. It was indicated she had decreased range of motion to the lumbar spine. Her medications were noted to include Duexis, Lyrica, Lunesta, and tramadol. The treatment plan was noted to include CT scan, TENS unit, and medications. A request was received for tramadol HCL ER 150 mg #30, eszopiclone 3 mg, Butrans 20 mcg, Lyrica 75 mg, and "Amitzia" 24 mcg without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication and the urine drug screen did not indicate the use of tramadol as tested. Consequently, the request is not supported. Additionally, the request does not specify duration and frequency of use. As such, the request for tramadol HCL ER 150 mg #30 is not medically necessary.

Eszopiclone 3 mg: 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), Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Eszopiclone (Luntesa)

Decision rationale: According to the Official Disability Guidelines, Lunesta is not recommended for long term use. The clinical documentation submitted for review did not indicate a rationale for the requested medication or efficacy. Consequently, the request is not supported. Additionally, the request does not specify duration or frequency of use. As such, the request for eszopiclone 3 mg is not medically necessary.

Butrans 20 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication and the urine drug screen did not indicate the use of tramadol as tested. Consequently, the request is not supported. Additionally, the request does

not specify duration and frequency of use. As such, the request for Butrans 20 mcg is not medically necessary.

Lyrica 75 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the California MTUS Guidelines, Lyrica has been documented to be effective in treating diabetic neuropathy and postherpetic neuralgia. The clinical documentation submitted for review did not indicate a rationale for the requested medication or efficacy in terms of pain relief and functional improvement. The documentation did not indicate the appropriate diagnoses to warrant its use. Consequently, the request is not supported. Additionally, the request does not specify duration or frequency of use. As such, the request for Lyrica 75 mg is not medically necessary.

Amitzia 24 mcg: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/amitiza-drug.htm

Decision rationale: According to rxlist.com, Amitiza is indicated for treatment of chronic idiopathic constipation and irritable bowel syndrome. The clinical documentation submitted for review did not indicate a rationale for the requested service. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for "Amitzia" 24 mcg is not medically necessary.