

Case Number:	CM15-0017940		
Date Assigned:	02/24/2015	Date of Injury:	09/03/2013
Decision Date:	04/06/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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

Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on 9/3/2013. The diagnoses have included neck pain and C4-C6 degenerative disc disease. Treatment to date has included cervical epidural steroid injections (ESI), physical therapy and medications. According to the Primary Treating Physician's Progress Report dated 12/17/2014, the injured worker complained of neck pain. Exam of the cervical spine revealed slightly restricted range of motion and minimal tenderness to palpation. There was tenderness to palpation in the lumbar spine centered at L4-5. Sciatic notch tenderness was present bilaterally. Treatment plan was for C4-6 artificial disc replacement surgery. Tramadol and Eszopiclone were dispensed. The medical records indicate that on 10/3/15, Tramadol 150 mg #60 was dispensed with instructions. On 11/5/14 Tramadol 150 mg #60 and Eszopiclone 1 mg #60 was dispensed. On 12/17/14 Tramadol 150 mg #120 and Eszopiclone 1 mg #180 was dispensed. On 2/2/215, the injured worker was evaluated complaining of increased neck and shoulder pain and no medications were prescribed. On 1/5/2015, Utilization Review (UR) modified a request for Tramadol 150mg #90 to Tramadol 150mg #30. UR modified a request for Eszopiclone 1mg #120 to Eszopiclone 1mg #60. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-75, 93.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is followed for chronic neuropathic pain. At the time of the prior peer review, the dosage of Tramadol was not clear. However, a review of the medical records indicate that the injured worker is using Tramadol 150 mg two per day which would not exceed 400 mg/day. The injured worker was recently evaluated complaining of increased neck and shoulder pain, and additional treatment options have been presented. As such the request for Tramadol 150mg #90 is medically necessary.

Eszopiclone 1mg, #120: 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) - Treatment in Workers' Compensation (TWC), Hypnotic Medications (<http://www.odgtwc.com/odgtwc/pain.htm>) Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Stress and Illness Chapter, Eszopiclone (Lunesta).

Decision rationale: Eszopiclone (Lunesta) According to the Official Disability Guidelines, Eszopiclone is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. These agents can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014). In this case, the medical records indicate that Eszopiclone (Lunesta) has been prescribed for an extended period of time and as noted long term use of this medication is not supported. Furthermore, the current dosage of this medication appears to be 2 mg daily which as noted above is not supported. The request for Eszopiclone 1mg, #120 is not medically necessary.

