

Case Number:	CM15-0142489		
Date Assigned:	08/03/2015	Date of Injury:	07/20/2012
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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, North Carolina
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 54 year old male, who sustained an industrial injury on 7-20-12. The injured worker was diagnosed as having cervical discopathy and cervicgia, status post right shoulder rotator cuff repair x2, and left shoulder compensatory pain. Treatment to date has included right shoulder arthroscopy on 4-4-13, Cortisone injections, and medication. On 4-27-15, pain was rated as 5 of 10. Currently, the injured worker complains of right shoulder pain that radiates down the arm with tingling and numbness. The treating physician requested authorization for Tramadol ER 150mg #90 and Eszopiclone #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg once a day as needed for severe pain #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use, Tramadol Page(s): 76-77, 93-94.

Decision rationale: CA MTUS Guidelines state that Tramadol is a synthetic opioid indicated for moderate to severe pain. In this case, there is no documentation of objective pain relief or improvement in functional status with the use of Tramadol. There is also no documentation of an opioid agreement or urine drug screens. Since the efficacy of the Tramadol has not been established, it is deemed not medically necessary or appropriate.

Eszopiclone tablets 1mg take 1 at bedtime as needed #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).

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: CA MTUS does not specifically address Eszopiclone (Lunesta). ODG states that Lunesta is a non-benzodiazepine sedative-hypnotic that is used as a first-line medication for insomnia. It has the potential for abuse and dependency. In this case, there is no documentation of potential causes of sleep disturbance. There is no evidence pertaining to the patient's sleep hygiene. Long-term use of this medication is not recommended. Therefore, this request is not medically necessary or appropriate.