

<b>Case Number:</b>	CM15-0180951		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 female who sustained an industrial injury on 1-5-13 from a slip and fall. She has not worked since 9-28-13. Diagnoses included right L5-S1 radiculopathy; central disc herniation L5-S1, L4-5; cervical degenerative disc disease; cervical facet joint arthropathy; right shoulder tendinitis; medial humeral epicondylitis on the left; internal derangement of the right knee; ulnar nerve neuritis of the right elbow; thoracic sprain. She currently (8-18-15) complains of bilateral low back pain radiating to bilateral thighs, calves and lower extremities right worse than left; right knee pain; right arm pain. On physical exam of the lumbar spine there was tenderness on palpation, restricted range of motion due to pain, bilaterally positive discogenic provocative maneuvers, positive straight leg raise on the right; there was tenderness along the patella with positive McMurray's test; Tinels was positive at the left elbow; tenderness along bilateral carpal tunnel. In the 5-4-15 progress note the pain level was 5 out of 10. Diagnostics include x-rays of bilateral knees (4-28-15) normal; electromyography, nerve conduction study of bilateral upper extremities (3-18-15) normal electromyography and evidence of borderline bilateral median nerve compression at the carpal tunnels, no cervical radiculopathy. Treatments to date include transcutaneous electrical nerve stimulator unit; medications: Norco, Methotrexate, Plaquenil, Flexeril, Prilosec, Zantac, trazadone; status post fluoroscopically guided right L4-5 and L5-S1 transforaminal epidural steroid injection with 50% improvement. The request for authorization dated 8-18-15 indicated tramadol extended release 150mg#30; Lunesta 2mg #30. On 8-24-15 utilization review evaluated and non-certified the

requests for tramadol ER 150mg #30 based on no documentation to justify a third opiate; Lunesta 2mg #30 based on no justification to support Lunesta while trazadone is being prescribed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol ER (extended release) 150mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

**Decision rationale:** Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." MTUS states "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol ER (extended release) 150mg, #30 is not medically necessary.

#### **Lunesta 2mg, #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-TWC) - Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

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

**Decision rationale:** MTUS is silent specifically regarding eszopicolone (Lunesta), therefore other guidelines were utilized. ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia, ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. 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." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents indicate that the patient has been on Lunesta far exceeding guidelines. Additionally, medical records do not indicate what components of insomnia has been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Lunesta 2mg, #30 is not medically necessary.