

Case Number:	CM15-0181202		
Date Assigned:	09/22/2015	Date of Injury:	08/09/2010
Decision Date:	11/24/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 36-year-old male, who sustained an industrial injury on 08-09-2010. The injured worker was diagnosed as having right shoulder impingement syndrome with labral tear, lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac arthropathy. On medical records dated 06-29-2015 and July 30, 2015, the subjective complaints were noted as right shoulder pain and lumbar spine pain that radiates down both legs and is associated with numbness and tingling in both legs. Physical exam was noted as right shoulder tenderness to palpation over the right acromioclavicular joint, Neer's test and Hawkin's test were all noted as positive. Lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion secondary to pain and stiffness and tenderness to palpation in the bilateral sacroiliac joints. Fabere and Patrick's tests were positive. Supine straight leg test was positive. There was no mention of insomnia or sleep disturbance noted in 06-29-2015 or 07-30-2015. Treatments to date included laboratory studies, medication and compound creams. The injured worker was noted to be temporarily totally disabled. Current medications were listed as Fexmid, Nalfon, Paxil, Prilosec, Ultram ER and Norco. The injured worker was noted to be taking Ultram, Paxil and Fexmid since at least 01-2015. The two Utilization Review's (UR) were dated 08-27-2015. A request for Retrospective Ultram ER (Tramadol HCL ER) 160mg 1 capsule #90, Retrospective Paxil (paroxetine HCL) 20mg 1 tablet by mouth twice a day #80, Retrospective Fexmid (Cyclobenzaprine HCL) 7.5mg 1 tablet by mouth twice a day #120 and Retrospective Lunesta (Eszopiclone) 2mg 1 tablet #3 was submitted. The UR submitted for this medical review indicated that the request for

Retrospective Ultram ER (Tramadol HCL ER) 160mg 1 capsule #90, Retrospective Paxil (paroxetine HCL) 20mg 1 tablet by mouth twice a day #80, Retrospective Fexmid (Cyclobenzaprine HCL) 7.5mg 1 tablet by mouth twice a day #120 and Retrospective Lunesta (Eszopiclone) 2mg 1 tablet #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram ER (Tramadol HCL ER) 160mg 1 capsule #90: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient has had any functional improvement with the continued use of Ultram. Patient has not gone back to work. Retrospective Ultram ER (Tramadol HCL ER) is not medically necessary.

Retrospective Paxil (paroxetine HCL) 20mg 1 tablet by mouth twice a day #80: Overturned

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): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The patient does carry a diagnosis of depression. I am reversing the previous utilization review decision. Retrospective Paxil (paroxetine HCL) 20mg 1 tablet by mouth twice a day #80 is medically necessary.

Retrospective Fexmid (Cyclobenzaprine HCL) 7.5mg 1 tablet by mouth twice a day #120: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Retrospective Fexmid (Cyclobenzaprine HCL) 7.5mg 1 tablet by mouth twice a day #120 is not medically necessary.

Retrospective Lunesta (Eszopiclone) 2mg 1 tablet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There was no documentation of any insomnia or sleep difficulties on the PR-2 supplied for review. Retrospective Lunesta (Eszopiclone) 2mg 1 tablet #30 is not medically necessary.