

Case Number:	CM15-0183888		
Date Assigned:	09/24/2015	Date of Injury:	12/30/2013
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 12-30-13. The injured worker is being treated for rotator cuff strain and bicipital tendinitis on left with impingement, ulnar neuritis of right and left, medial and lateral epicondylitis on left, wrist joint inflammation of left, carpal tunnel syndrome, chronic pain syndrome, depression, confusion and discogenic lumbar condition with radiculitis. Treatment to date has included oral medications including Norflex, Protonix (since at least 3-2015), Tramadol (since at least 3-2015), Ultracet (since at least 3-2015) and Maxalt and topical LidoPro cream, transcutaneous electrical nerve stimulation (TENS) unit, elbow brace, physical therapy, acupuncture and activity modifications. On 8-11-15, the injured worker complains of increasing back pain from activities and work; she complains of stiffness and discomfort and uses a back brace, she has increasing headaches related to tension and increasing pain along the upper extremity and lower extremity. She is currently working light duties. Objective findings noted on 8-11-15 revealed restricted range of motion of cervical spine with decreased sensation along the C7-T1 dermatome on the left, hyper flexion test is positive with numbness along the little finger, grip is still weak and carpal tunnel tenderness is noted on the left. The treatment plan included refilling of Tramadol, ER 150mg #30, Naproxen 550mg #60, Effexor XR 75mg #60, Lunesta 2mg #30 and Protonix 20mg #60; and (MRI) magnetic resonance imaging of lumbar spine. A request for Ultracet 37.5mg #60 was non-certified by utilization review; and Lunesta 2mg #30 to #10 and Tramadol ER 150mg #30 modified to #20 on 8-20-15 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg Qty: 30.00: 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), Pain (Chronic), Insomnia treatment - 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) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in December 2013 when she slipped and fell while walking down a hallway, landing on her left side and with a brief loss of consciousness. She continues to be treated for chronic pain. When seen, she had stopped working when light duty was no longer available. She had increasing upper extremity and lower extremity pain and increasing back pain and headaches. She was having issues with sleep, depression, and anxiety. Physical examination findings included pain with adduction and mildly positive impingement testing. There was decreased left upper extremity sensation. Hyperflexion testing causes fifth finger numbness. There was decreased grip strength. Ultracet and Tramadol ER were being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.

Ultracet 37.5mg Qty: 60.00: 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2013 when she slipped and fell while walking down a hallway, landing on her left side and with a brief loss of consciousness. She continues to be treated for chronic pain. When seen, she had stopped working when light duty was no longer available. She had increasing upper extremity and lower extremity pain and increasing back pain and headaches. She was having issues with sleep, depression, and

anxiety. Physical examination findings included pain with adduction and mildly positive impingement testing. There was decreased left upper extremity sensation. Hyperflexion testing causes fifth finger numbness. There was decreased grip strength. Ultracet and Tramadol ER were being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Tramadol ER 150mg Qty: 30.00: 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2013 when she slipped and fell while walking down a hallway, landing on her left side and with a brief loss of consciousness. She continues to be treated for chronic pain. When seen, she had stopped working when light duty was no longer available. She had increasing upper extremity and lower extremity pain and increasing back pain and headaches. She was having issues with sleep, depression, and anxiety. Physical examination findings included pain with adduction and mildly positive impingement testing. There was decreased left upper extremity sensation. Hyperflexion testing causes fifth finger numbness. There was decreased grip strength. Ultracet and Tramadol ER were being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.