

Case Number:	CM15-0197143		
Date Assigned:	10/12/2015	Date of Injury:	01/12/2009
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, 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:

This injured worker is a 53 year old male who reported an industrial injury on 1-12-2009. His diagnoses, and or impressions, were not noted in the medical records provided. No imaging studies were noted; x-rays of the bilateral knees were said to be done on 8-25-2014, noting a minimal degree of chondromalacia about the patello-femoral joint. His treatments were noted to include: a qualified medical evaluation in 2010; diagnostic laboratories; medication management; and a return to full duty work. The progress notes of 8-3-2015 reported: a follow-up visit for his ongoing bilateral knee complaints, longstanding since 1-12-09; that he was still able, and was working his job; and complaints of pain and discomfort, but not enough for him to want any job restrictions. The objective findings were noted to include: that he moved somewhat slowly, walking with a slightly abnormal gait; review of x-rays showed minimal chondromalacia of the patella, without worsening; that he could continue with the conservative care plan previously initiated; and that his future medical care included medications for sleep, inflammation, and pain. The physician's requests for treatment were noted to include the conservative care previously initiated. A recent detailed psychiatric examination was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg, #60: 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): Opioids for neuropathic pain.

Decision rationale: Tramadol 37.5/325mg, #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) 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. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient had x-rays of the bilateral knees on 8-25-2014, noting a minimal degree of chondromalacia about the patello-femoral joint. The progress notes of 8-3-2015 reported: a follow-up visit for his ongoing bilateral knee complaints. The objective findings were noted to include: that he moved somewhat slowly, walking with a slightly abnormal gait. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 37.5/325mg, #60 is 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) Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15), Mental Chapter. Mental Illness & Stress (updated 11/12/15), Eszopiclone (Lunesta).

Decision rationale: Lunesta 2mg, #30. Lunesta (eszopiclone) is a nonbenzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per the cited guidelines for this

type of medication, "They 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. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The request for Lunesta 2mg, #30 is not medically necessary.

Tizanidine 4mg, #90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Tizanidine 4mg, #90. According to MTUS guidelines Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain, may also provide benefit as an adjunct treatment for fibromyalgia. The patient had x-rays of the bilateral knees on 8-25-2014, noting a minimal degree of chondromalacia about the patello-femoral joint. The progress notes of 8-3-2015 reported: a follow-up visit for his ongoing bilateral knee complaints. The objective findings were noted to include: that he moved somewhat slowly, walking with a slightly abnormal gait. There is evidence of significant abnormal objective findings. The patient's condition is prone to exacerbations. The request for Tizanidine 4mg, #90 is medically necessary.