

<b>Case Number:</b>	CM15-0200860		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 51 year old male, who sustained an industrial-work injury on 1-12-11. He reported initial complaints of low back pain. The injured worker was diagnosed as having medial epicondylitis of right elbow, lower extremity radiculitis, history of herniated disc at L5-S1, compression fracture at T12, residuals of double abdominal hernia repair, severe varicose veins, bilaterally, and history of GERD (gastroesophageal reflux disease). Treatment to date has included medication, general surgeon consultation (abdominal hernias and varicose veins), gastroenterology (GERD), surgery (left ankle surgery), lumbar ESI (epidural steroid injection) on 11-1-13 (ineffective), and diagnostics. MRI results were reported on 6-7-11 of the right elbow that demonstrated mild effusion. MRI of lumbar spine was performed on 11-10-14. Currently, the injured worker complains of back pain that radiated down both legs and intermittent pain in the right elbow depending on use. Medications included Celebrex, Meloxicam, Omeprazole, Tramadol, and Eszopiclone. Per the primary physician's progress report (PR-2) on 9-2-15, exam noted tenderness over the posterior iliac spines bilaterally. The Request for Authorization requested service to include Tramadol 50mg 1 or 2 QID PRN #20 and Eszopiclone 1mg 2 or 3 at HS (NR) #90. The Utilization Review on 9-23-15 denied the request for Tramadol 50mg 1 or 2 QID PRN #20 and Eszopiclone 1mg 2 or 3 at HS (NR) #90, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 or 2 QID PRN #200:** 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, Weaning of Medications.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective documentation of significant pain relief or increases in function. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg 1 or 2 QID PRN #200 is determined to not be medically necessary.

**Eszopiclone 1mg 2 or 3 at HS (NR) #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 Chapter/Insomnia Treatment Section.

**Decision rationale:** The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste,

drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. In this case, the medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Eszopiclone 1mg 2 or 3 at HS (NR) #90 is determined to not be medically necessary.