

Case Number:	CM15-0200903		
Date Assigned:	10/16/2015	Date of Injury:	07/18/2005
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45 year old female who sustained an industrial injury on 7-18-05. A review of the medical records indicates she is undergoing treatment for right sacroiliac joint dysfunction, cervical facet arthropathy, cervical myofascial strain, bilateral carpal tunnel syndrome, lumbar myofascial strain, thoracic myofascial strain, cervical radiculitis, lumbar radiculitis, lumbago, and cervicalgia (4-27-15). The 8-20-15 pain management follow-up form indicates that the injured worker complains of her fingers "locking." She reports constant pain in the neck and back with "very subtle change." She rates her back pain "7-8 out of 10" and neck and arm pain "9 out of 10." She reports that her medications cause sleepiness and "have no benefit." She also reports that the medications cause constipation. She indicates that her "body is in pain daily" and that she has decreased mobility and strength, as well as weakness, which has made her "gain several pounds." The physical exam (4-27-15) reveals hypertonicity and tenderness to palpation of the paraspinal muscles of the cervical spine. Limited range of motion is noted. Thoracic and lumbar "structure-FROM-rotation" are noted to be "intact and symmetric." Diagnostic studies have included x-rays of the cervical, thoracic, and lumbar spine, as well as laboratory studies. A comprehensive metabolic study was completed on 8-20-15, showing elevated liver enzymes. Treatment has included physical therapy, acupuncture, and medications. She has been receiving Tramadol since, at least, 12-16-14 (Tramadol ER noted until the 4-27-15 record, then changed to Tramadol-APAP). The utilization review (9-16-15) includes requests for authorization of Tramadol-APAP 37.5-325mg #60, a Med Panel, and Eszopiclone 2mg #30. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/ APAP (acetaminophen) 37.5/325mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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: MTUS refers to Tramadol/Tylenol in the context of opioids usage for osteoarthritis, "Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain; Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/Acetaminophen, Hydrocodone and Codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (Oxymorphone, Oxycodone, Hydromorphone, Fentanyl, Morphine sulfate)." 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." 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 medical notes do not indicate any improved objective/subjective findings over that duration of time. As such, the request for Tramadol/APAP (acetaminophen) 37.5/325mg QTY: 60.00 is not medically necessary.

Med Panel: (Drug Screen, Qualitative; Single Drug Class Method) x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (chapter on pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Substance abuse and Other Medical Treatment Guidelines University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 32 Established Patients Using a Controlled Substance abuse.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. A urine drug screen is the preferred method for screening for abuse. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags, twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December." ODG States: Cautionary red flags for patients that may potentially abuse opioids: (a) History of alcohol or substance abuse, (b) Active alcohol or substance abuse, (c) Borderline personality disorder, (d) Mood disorders (depression) or psychotic disorders, (e) Non-return to work for >6 months, (f) Poor response to opioids in the past (Washington, 2002). Cautionary red flags of addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in distress, (f) Frequent visits to the ED, (g) Family reports of overuse or intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Medications are provided by multiple providers. (Wisconsin, 2004). The request is not medically necessary.

Eszopicolone 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, Mental Illness & Stress - Eszopiclone (Lunesta).

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, Eszopiclone (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 every day; (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 Eszopiclone 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 Eszopiclone 2mg QTY: 30.00 is not medically necessary.