

Case Number:	CM15-0023396		
Date Assigned:	02/13/2015	Date of Injury:	10/18/2012
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 63-year-old female who reported an injury on 10/18/2012. The mechanism of injury was not specifically stated. The injured worker is diagnosed with lumbar disc disorder and lumbosacral neuritis. The injured worker presented on 01/06/2015 for a followup evaluation with complaints of constant pain in the cervical and lumbar spine. Associated symptoms included migraine headaches and radiation of pain into the upper and lower extremities. Upon examination of the cervical spine, there was probable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, tingling and numbness in the shoulder and arm consistent with a C5-6 dermatomal pattern, and asymmetric biceps reflexes. Examination of the lumbar spine also revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarding and restricted range of motion, tingling and numbness in the lateral thigh, 4/5 motor weakness, and asymmetric reflexes. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg by mouth once a day as needed severe pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medications since at least 11/2014 without any evidence of objective functional improvement. There was no mention of a failure of nonopioid analgesics. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Therefore, the request is not medically appropriate.

Eszopiclone 1mg by mouth at bedtime as needed for sleep #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), Pain Chapter, 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) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. The injured worker does not maintain a diagnosis of insomnia disorder. There is also no evidence of a failure of nonpharmacologic treatment for insomnia prior to the request for a prescription product. Given the above, the request is not medically appropriate.