

<b>Case Number:</b>	CM15-0211427		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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:

The injured worker is a 49 year old male, who sustained an industrial injury on February 03, 2010. The injured worker was diagnosed as having multilevel disc herniations of the cervical spine, facet arthropathy of the cervical spine, and cervical stenosis at cervical five to six and cervical six to seven. Treatment and diagnostic studies to date has included 9 sessions of acupuncture, 4 sessions of chiropractic therapy, medication regimen, use of ice, and use of a right wrist brace. In a progress note dated September 23, 2015 the treating physician reports complaints of constant, stabbing pain to the neck that radiates to the bilateral shoulder blades with the right worse than the left along with electrical, shocking, and throbbing pain down the right upper extremity that radiates to the elbow and the wrist. The treating physician also noted numbness and tingling to the bilateral hands, and headaches. The progress notes from September 23, 2015 and July 29, 2015 noted that the injured worker had complaints of night sweats and waking up in the middle of the night secondary to night sweats and pain causing a lack a sleep for 2 days on both dates. Examination performed on September 23, 2015 was revealing for an antalgic gait, decreased range of motion to the cervical spine, tenderness to the cervical spine with spasms, decreased sensation to the cervical five, six, seven, and eight dermatomes on the right, decreased upper extremity motor strength, and hyperreflexia to the bilateral upper extremity and bilateral lower extremity reflexes. The injured worker's medication regimen on September 23, 2015 included Ultracet (Tramadol with Acetaminophen) (prescribed on February 04, 2015), Prilosec, Lidopro Cream, over the counter Aspirin, Lunesta (Eszopiclone) (prescribed on July 29, 2015), and Flexeril. Other medication list include

Percocet, Norco, Tylenol#3 and Escitalopram. The patient has had history of difficulty in sleeping and anxiety. A recent detailed psychiatric examination was not specified in the records provided. The injured worker's pain level on September 23, 2015 and July 29, 2015 was rated a 7 to 8 out of 10, but did not indicate the injured worker's pain level prior to the use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his medication regimen. The progress note from September 23, 2015 and on July 29, 2015 noted that the injured worker's medication regimen decreased the pain by 50% for 2 to 3 hours and also reported stomach discomfort with the use of his medication regimen. The progress note from September 23, 2015 did not indicate if the injured worker experienced any improvement in sleep secondary to the use of the medication Lunesta. The progress notes from September 23, 2015 and July 29, 2015 did not include documentation of the injured worker's sleep hygiene with regards to the injured worker's bedtime, use of relaxation activities, the avoidance of caffeine and nicotine, the avoidance of napping, the time of sleep onset, and the next day functioning. The patient's surgical history includes right elbow surgery, and right CTR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 tablets of Eszopiclone 2mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 12/02/15), Mental Chapter. Mental Illness & Stress (updated 11/24/15), Eszopiclone (Lunesta).

**Decision rationale:** 30 tablets of Eszopiclone 2mg. LUNESTA (eszopiclone), a non-benzodiazepine hypnotic agent, is a sedative. 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 related to 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 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 medical necessity of the request for 30 tablets of Eszopiclone 2mg is not fully established in this patient. Therefore, the request is not medically necessary.

#### **90 tablets of Tramadol/APAP 37.5/325mg: 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:** 90 tablets of Tramadol/APAP 37.5/325mg. 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." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient had diagnoses of multilevel disc herniations of the cervical spine, facet arthropathy of the cervical spine, and cervical stenosis at cervical five to six and cervical six to seven. In a progress note dated September 23, 2015 the treating physician reports complaints of constant, stabbing pain to the neck that radiates to the bilateral shoulder blades with the right worse than the left along with electrical, shocking, and throbbing pain down the right upper extremity that radiates to the elbow and the wrist. The treating physician also noted numbness and tingling to the bilateral hands, and headaches. Examination performed on September 23, 2015 revealed an antalgic gait, decreased range of motion to the cervical spine, tenderness to the cervical spine with spasms, decreased sensation to the cervical five, six, seven, and eight dermatomes on the right, decreased upper extremity motor strength, and hyperreflexia to the bilateral upper extremity and bilateral lower extremity reflexes. The patient's surgical history includes right elbow surgery, and right CTR. 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 90 tablets of Tramadol/APAP 37.5/325mg is medically appropriate and necessary.