

Case Number:	CM15-0234749		
Date Assigned:	12/10/2015	Date of Injury:	11/10/2012
Decision Date:	01/21/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/01/2015

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, Illinois

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 was a 53-year-old male, who sustained an industrial injury on November 10, 2012. The injured worker was undergoing treatment for chronic pain syndrome, lumbar radiculopathy, chest pain unspecified, intercostal pain and unspecified abdominal pain. According to progress note of October 27, 2015, the injured worker's chief complaint was low back pain and rib pain. The injured worker rated the pain at 9 out of 10. The pain was characterized as sharp, moderate to severe. The pain radiated into the right leg. The injured worker reported poor quality of sleep. The injured worker reported the ribs felt like they were sticking in the side, ever since the injury. The injured worker reported the pain had increased since the last visit. The physical exam noted tenderness at the 10th and 11th costochondral joints. The lumbar spine range of motion was restricted with flexion limited to 145 degrees, limited due to pain, extension limited to 15 degrees due to pain right lateral bend limited to 10d degrees due to pain and left lateral bend limited to 15 degrees due to pain. There was spinous process tenderness noted on L1, L2, L3, L4 and L5. The straight leg raising test was positive bilaterally at 60 degrees. The motor testing of the lower extremities noted 4 out of 5 muscle strength of the right knee flexor's and extensors. The sensory exam noted decreased sensation over the L4, L5 and S1 dermatomes on the right. The injured worker previously received the following treatments acupuncture which was note effective, Ibuprofen, Lunesta 1mg tablets take one at bed time since December 1, 2014; Tramadol 150mg since December 1, 2014; the Norco and then Tramadol HCL ER 100mg tablets take one tablet daily since July 31, 2015 and random urine drug screening on October 27, 2015 was negative for any unexpected findings. The RFA (request

for authorization) dated October 27, 2015; the following treatments were requested prescriptions for Lunesta 1mg #30 and Tramadol HCL ER 100mg #30. The UR (utilization review board) denied certification on November 6, 2015; for prescriptions for Lunesta 1mg #30 which was modified to Lunesta 1mg #20 and Tramadol HCL ER 100mg #30 which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #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, Mental Illness and Stress, Eszopicolone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: The MTUS is silent on Lunesta, but the Official Disability Guidelines identifies it as a hypnotic. This guidelines states, it is 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. The medical records reveal that the injured worker has been using this medication at least since 12/2014; therefore, the request for Lunesta 1mg #30 is not medically necessary.

Tramadol HCL ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid. The medical records reveal the injured worker has been using Tramadol at least since 06/2013, but with no evidence of overall improvement. The medical records reveal worsening pain. The medical records provided for review reveals that Tramadol HCL ER 100mg #30 is not medically necessary.