

Case Number:	CM14-0146955		
Date Assigned:	09/15/2014	Date of Injury:	05/07/2007
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old woman housekeeper that fell backwards from a chair while cleaning a mirror on May 7, 2007 and has been off work since July 24, 2007. She had a lumbar sprain with subsequent lumbar fusion from L4 to S1 which was complicated by a post-operative infection. She rates her back pain on medications as 7/10 with bilateral leg paresthesias, numbness and weakness, and inability to feel her leg. Even on medications, she feels that she is in so much pain she is not able to accomplish much. A request was made for Nucynta and Ultram. A urine drug screen was obtained on July 11, 2014. On August 7, 2014 she reported depression and insomnia, the ability to walk only for 20-50 yards, side effects with Percocet and improved ability to sleep with Lunesta. On exam, she had paraspinal tenderness to palpation in the lumbar spine and restricted back range of motion in all directions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 75, 123.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central acting analgesics are 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). Side effects are similar to traditional opioids. This worker has been tried on a first line medication and had to discontinue it because of side effects that were not specified. The injured worker meets the indications for Tramadol because she has chronic pain and neuropathic pain. The request for Ultram ER 150mg #30 with 1 refill is medically necessary. The worker has failed Percocet because of side effects and needs a medication for chronic pain and neuropathic pain, both of which she has.

Lunesta 2mg #30 with 2 refills: Overturned

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, Pain Chapter Insomnia treatment, Pain, Hypnotics and Mental & Stress, Insomnia Treatment

Decision rationale: Eszopiclone (Lunesta, generic available) is a nonbenzodiazepine hypnotic agent used in the treatment of insomnia. The standard dosage for eszopiclone is 2 mg at bedtime. The dosage range is 1 to 3 mg at bedtime. This medication is available in the following tablet dosages: 1 mg, 2 mg, and 3 mg. California Medical Treatment Guidelines and American College of Occupational and Environmental Medicine do not address insomnia treatment. Per Official Disability Guidelines, nonbenzodiazepine sedative-hypnotics are first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the central nervous system. All of the benzodiazepine-receptor agonists are schedule intravenous controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action (Ramakrishnan, 2007) (Halas, 2006) (Buscemi, 2007) (Morin, 2007) (Erman, 2005).Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist Food and Drug Administration approved for use longer than 35 days. This worker has insomnia due to pain and Lunesta is a first line medication for insomnia that is Food and Drug Administration approved for use longer than 35 days. Therefore the requested Lunesta 2mg #30 with 2 refills is medically necessary.

