

<b>Case Number:</b>	CM14-0164122		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 California. 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:

There were 78 pages provided for this review. He is a 62-year-old man who has low back pain and left hip pain. With medicine, the patient rates the pain as six on a scale of zero to 10. Without medicine, the patient rates his pain is nine on a scale of zero to 10. He takes his medicines as prescribed. The patient has been going through a lot in his personal life. The pain medicines do adequately control his pain. His medicines include Lunesta one each evening, Norco, Provigil, Ultram, and Dilaudid. The impression is status post lumbar fusion, bilateral lower extremity radiculopathy, bilateral lower extremity neuropathic pain and chronic regional pain syndrome. He signed a pain contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 300 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83, 113.

**Decision rationale:** Per the MTUS, Tramadol, which comprises Ultram ER, is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane

studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported.

**Lunesta 3 mg #30:** 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 section, under Lunesta

**Decision rationale:** The ODG notes regarding Lunesta that it is not recommended for long-term use, but recommended for short-term use. Past usage of sleeping aids is not known, and so the validity of the request in regards to clinical necessity could not be addressed. The request is not medically necessary.