MAXIMUS Federal Services

Case Number:	CM14-0175605		
Date Assigned:	10/28/2014	Date of Injury:	10/24/1996
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Medicine and is licensed to practice in Florida, Ohio, and Texas. 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 52-year-old female who reported an injury on 10/24/1996. The mechanism of injury was not provided. On 05/30/2014, the injured worker presented with continued total body pain, chronic fatigue, and problems sleeping. Upon examination, there was no new joint swelling noted, there was a normal neurologic examination, there were no rheumatoid arthritis deformities, and there was 12+ trigger point tenderness. Diagnosis was myalgia and myositis not otherwise specified. The treatment plan included a change in tramadol to 50 mg 3 times a day, flurbiprofen for FMS, and to add Lunesta for insomnia and discontinue the use of Sonata. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to Discontinue Opioids; When to Continue Opioids; re.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for 1 Prescription of Tramadol HCL 50mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The provider noted that tramadol 150 ER was too strong for the injured worker, and the dose was lowered to 50 mg. There is, however, a lack of a complete and adequate pain assessment, and the efficacy of the 50 mg tablets was not provided. There is a lack of documentation of treatment history and length of time the injured worker has been prescribed tramadol. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

1 Prescription of Lunesta 2mg #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 & Stress: regarding Eszopicolone (Lunestra): Insonmia treatment

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

Decision rationale: The request for 1 Prescription of Lunestra 2mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long term use. There should be a limit of use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and use is discouraged in the chronic phase. These medications can be habit forming and 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. The FDA has ordered the recommended starting dose of Lunesta from 2 mg to 1 mg for both men and women. Previously recommended doses can impair driving skills, memory, and coordination as long as 11 hours after the drug is taken. The starting dose for Lunesta 2 mg exceeds FDA recommendation for 1 mg starting dose. Additionally, there is a lack of documentation of treatment history or length of time the injured worker has been prescribed Lunesta. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

1 Ice Pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25 & 27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The request for 1 Ice Pack is not medically necessary. The California MTUS/ACOEM Guidelines state that at home application of heat or cold packs may be used before or after exercises and are as effective as those performed by therapists. There is no rationale provided for the use of an ice pack. Additionally, the site at which the ice pack was indicated was not provided in the request as submitted. As such, medical necessity has not been established.