

Case Number:	CM15-0010858		
Date Assigned:	01/28/2015	Date of Injury:	05/21/2008
Decision Date:	03/18/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/20/2015

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 is a 44 year old female, who sustained an industrial injury on 05/21/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with cervical degenerative disc disease, superior labrum anterior and posterior tear (superior glenoid labrum lesions), lumbar degenerative disc disease, and thoracic sprain/strain. Treatment to date has included home exercise program, an oral and transdermal medication regimen, use of transcutaneous electrical nerve stimulation unit, and therapeutic ultrasound. Currently, the injured worker complains of increasing right shoulder, upper back, and lower back burning pain along with sleep disturbance. The injured worker rated the pain to the right trap muscle and shoulder an eight out of ten and right back a five out of ten. The documentation provided did not contain the current requested treatment for Eszopicone (Lunesta). The treating physician requested Tramadol but the documentation provided did not indicate the reason for this requested medication. On 01/20/2015 Utilization Review modified Eszopicone (Lunesta) 1mg dispensed 01/03/2015 with a quantity of 30 to Eszopicone (Lunesta) 1mg dispensed 01/03/2015 with a quantity of 20 and Tramadol 50mg three times a day with a quantity of 90 to Tramadol 50mg three times a day with a quantity of 70, noting the Official Disability Guidelines - Treatment In Workers' Compensation, 5th Edition, 2008 and Medical Treatment Utilization Schedule, 2009, Opioids-pain treatment agreement, page 89.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 05/21/2008. The medical records provided indicate the diagnosis of cervical degenerative disc disease, superior labrum anterior and posterior tear (superior glenoid labrum lesions), lumbar degenerative disc disease, and thoracic sprain/strain. Treatment to date has included home exercise program, an oral and transdermal medication regimen, use of transcutaneous electrical nerve stimulation unit. The medical records provided for review do indicate a medical necessity for Tramadol HCL 50mg #90. Though a written agreement is recommended it is not mandatory. The record indicates the injured worker has been working; therefore she satisfies the MTUS guideline for continued use of opioids.

Eszopicone (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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress (Note: these may not be covered under workers compensation.)

Decision rationale: The injured worker sustained a work related injury on 05/21/2008. The medical records provided indicate the diagnosis of cervical degenerative disc disease, superior labrum anterior and posterior tear (superior glenoid labrum lesions), lumbar degenerative disc disease, and thoracic sprain/strain. Treatment to date has included home exercise program, an oral and transdermal medication regimen, use of transcutaneous electrical nerve stimulation unit. The medical records provided for review not indicate a medical necessity for Eszopicone (Lunesta) 1mg #30. The MTUS is silent on this. The official Disability Guidelines recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, but recommends against their use during the chronic phase. Therefore, this medication is not indicated in this patient with injury date of more than five years.