

Case Number:	CM15-0012036		
Date Assigned:	01/29/2015	Date of Injury:	07/15/2007
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 42-year-old male who reported an injury on 10/11/2012 due to cumulative trauma. His diagnoses include depression, anxiety, low back pain, lumbar disc displacement, and lumbar radiculopathy. Past treatment included medications and physical therapy. On 12/09/2014, the injured worker complained of low back pain that radiated into the left buttock, lateral thigh, posterior thigh, posterior calf and lateral foot. Numbness, paresthesia, and weakness was noted. The injured worker indicated his pain level was currently at a 7/10 and was utilizing multiple medications for pain. His relevant medications included Percocet 10/325 mg and roxycodone 30 mg. The treatment plan included Tramadol ER 150mg, #90 and Eszopiclone ER 1mg, #30. A rationale was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain, Jane C. Ballantyn, MD, and Jianren Mao, MD, PhD N Engl J Med 2003; 349: 1943-1953 November

13, 2003 DOI: 10.1056/NEJMra025411,
http://www.americanpainsoeit.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Tramadol ER 150mg, # 90 is not medically necessary. According to the California MTUS Guidelines, the patient on opioids should have documented ongoing review for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker was indicated to be on tramadol for an unspecified duration of time, however there was a lack of documentation in regards to objective functional improvement, objective decrease in pain, events of monitoring for side effects, and the occurrence of drug related behaviors to include a current urine drug screen. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Eszopiclone ER 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, (Pain Chapter)

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

Decision rationale: The request for Eszopiclone ER 1mg, #30 is not medically necessary. According to the Official Disability Guidelines, Lunesta is not recommended for long term use. Furthermore, the guidelines indicate that hypnotics should be limited to a 3 weeks maximum in the first 2 months of injury. Furthermore, there is documentation that the medication can be habit forming, impair function, memory, increase pain and depression over long term use. The injured worker was indicated to have been on eszopiclone for an unspecified duration of time. However, the guidelines do not recommend the use of Lunesta for long term use with an indication of a maximum of 3 weeks within the first 2 months of injury. Due to a lack of documentation of medication start date for clarification, the request is not supported by the evidence based guidelines. Furthermore, the guidelines do not recommend the use of Lunesta due to its risk toward dependency and impairment in function and memory loss. As such, the request is not medically necessary.