

Case Number:	CM15-0014536		
Date Assigned:	02/02/2015	Date of Injury:	09/19/2008
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 09/19/2006 due to an unspecified mechanism of injury. On 09/25/2014, she presented for a follow-up evaluation regarding her work related injury. She reported pain with cramping and reported going to physical therapy for her low back and knees. A physical examination showed that she was walking with the use of a cane and could stand from a seated position. She could also stand on her toes and heels. She was diagnosed with chronic low back pain due to chronic lumbar extensor strain as well as tight in the extensors, hip flexors, and knee flexors, and bilateral knee pain. She was prescribed tramadol ER 100 mg, Lunesta 3 mg, Protonix 20 mg, Terocin patches and Lidopro lotion 4 ounces. The rationale for treatment was to treat the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 09/25/14: Tramadol ER 100 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The clinical documentation submitted for review does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of her medications to support the continuation. Also, no official urine drug screens or CURES reports were provided for review to validate compliance with the medication regimen. Also, the frequency of the medications was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Retrospective DOS 09/25/14: Lunesta 3mg #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 (ODG), Pain - Lunesta

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 (Lunesta)

Decision rationale: The Official Disability Guidelines indicate that Lunesta is not recommended for long term use, but may be recommended for short term use in the first two months of injury only. The documentation provided does not show how long the injured worker has been using this medications and without this information, continuation would not have been supported as it is only recommended for short term use. Also, a clear rationale for the medical necessity of the use of Lunesta as well as the frequency of the medication was not stated. Therefore, the request is not supported. As such, there request is not medically necessary.

Retrospective DOS 09/25/14: LidoPro lotion #4 ounces: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the low back and bilateral knees. However, there is a lack of documentation showing that the injured worker had neuropathic pain or that he had tried and failed recommended oral medications or was intolerant to oral medications to support the request. Also the frequency of the medications was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

