

Case Number:	CM15-0016836		
Date Assigned:	02/05/2015	Date of Injury:	12/16/2013
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

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 45 year old male injured worker suffered and industrial injury on 12/16/2013. The diagnoses were post-traumatic head syndrome with headache and lumbosacral strain. The diagnostic studies were x-rays, electromyography/nerve conduction velocity, magnetic resonance imaging of the head, and computerized tomography of the head. The treatments were medications. The treating provider reported constant pain 8/10 in the low back aggravated by motion. There was radiation into the left lower extremity with tingling and numbness. On exam there was pain and tenderness across the iliac crest into the lumbosacral spine radiation to the left lower extremity with restricted range of motion. The Utilization Review Determination on 1/7/2015 non-certified: 1. #120Cyclobenzaprine hydrochloride 7.5mg, citing MTUS. 2. Tramadol ER 150mg #90, citing MTUS. 3. Eszopiclone 1mg #30, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than one year status post work-related injury when he fell after being struck on the forehead and continues to be treated for chronic headaches and low back pain. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore cyclobenzaprine was not medically necessary.

Tramadol ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than one year status post work-related injury when he fell after being struck on the forehead and continues to be treated for chronic headaches and low back pain. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is more than one year status post work-related injury when he fell after being struck on the forehead and continues to be treated for chronic headaches and low back pain. Eszopiclone (Lunesta) is being prescribed on a long-term basis. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined.

Therefore, based on the information provided, the continued prescribing of eszopiclone is not medically necessary.