

Case Number:	CM15-0018765		
Date Assigned:	02/06/2015	Date of Injury:	09/25/2012
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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
Certification(s)/Specialty: Emergency 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 52 year old female, who sustained an industrial injury on 9/25/12. She has reported neck pain, low back pain and pain in the right shoulder and wrist. The diagnoses have included chronic pain, R shoulder internal derangement post surgery, lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included medications, physical therapy and activity modifications. Currently, the injured worker complains of frequent low back pain without radiation and difficulty sleeping. On 1/6/15, the injured worker noted "improvement" in pain. Pain is 5-8/10 to R shoulder and back. On exam tenderness was noted with palpation of the spinal vertebral area L4-S1 levels with moderately limited range of motion secondary to pain. L5-S1 dermatomal sensory changes. R shoulder has limited range of motion with well healed scar. On 1/26/15 Utilization Review non-certified Cyclobenzaprine Hydrochloride tabs 7.5mg #120, Tramadol ER 150Mmg #90, noting they are not medically and appropriate and lack of assessment of pain level, functional status and evaluation of risk of aberrant drug abuse behavior and Eszopiclone tablets 1mg #30, noting it is not recommended for long term use. The MTUS, ACOEM Guidelines, was cited. On 1/26/15, the injured worker submitted an application for IMR for review of Cyclobenzaprine Hydrochloride tabs 7.5mg #120, Tramadol ER 150Mmg #90 and Eszopiclone tablets 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.

Tramadol ER 150mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt has been on this medication chronically. Documentation fails to meets the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

Eszopiclone 1mg quantity 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 Chapter, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Insomnia Treatment

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There are no documented improvement or

conservative measures attempted. Patient has been on this medication chronically. Chronic use of Eszopiclone is not medically necessary.