

Case Number:	CM15-0118901		
Date Assigned:	06/29/2015	Date of Injury:	07/23/2007
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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, New York, California

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 applicant is a represented 59-year-old who has filed a claim for chronic knee, foot, and ankle pain reportedly associated with an industrial injury of July 23, 2007. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for cyclobenzaprine, tramadol, and eszopiclone (Lunesta). The claims administrator referenced an April 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported ongoing complaints of knee pain, aggravated by kneeling, squatting, negotiating stairs, standing, walking, etc. The applicant's pain complaints were worsening, it was reported. 7/10 pain complaints were reported. The applicant reported difficulty sleeping secondary to pain. The applicant was given operating diagnoses of knee arthritis, plantar fasciitis, and Achilles tendinitis. MRI imaging of the knee was sought. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. The attending provider stated that he was refilling unspecified medications under a separate cover, seemingly without any discussion on medication efficacy. In an order form dated May 12, 2015, Relafen, Prevacid, Zofran, Flexeril, tramadol, and Lunesta were endorsed through usage of a preprinted order form. Said preprinted order form comprised almost entirely of preprinted checkboxes, with little-to-no narrative commentary. On February 10, 2015, multiple topical compounded medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 64.

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, Lunesta, Relafen, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol, Weaning of Medications Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant reported heightened, 7/10 pain complaints on the April 14, 2015 progress note in question. The applicant reported difficulty performing various activities of daily living including kneeling, squatting, negotiating stairs, walking, standing, etc. It was not clearly stated whether the applicant was or was not working on that date. The attending provider failed, in short, to identify meaningful, material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Eszopicolone 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 (ODG), Mental Illness & Stress, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: Finally, the request for eszopiclone (Lunesta) is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the 30-tablet supply of eszopiclone at issue, in and of itself, implies chronic, long-term, and/or nightly use of the same, i.e., usage which runs counter to the ODG position on Lunesta. Therefore, the request is not medically necessary.