

Case Number:	CM15-0127007		
Date Assigned:	07/13/2015	Date of Injury:	09/16/1998
Decision Date:	08/14/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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

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 68 year old male who sustained an industrial injury on September 16, 1998. He has reported low back pain and has been diagnosed with status post previous bilateral carpal tunnel release and anterior and posterior spinal fusion L3 to S1. Treatment has included medications, surgery, and a home exercise program. The injured worker was able to get on the examination table without difficulty or discomfort. The motion was restricted and did cause painful symptoms. There was no guarding with motion and no muscle spasm. The treatment request included Ultram and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120 with five refills quantity 720.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient continues to report ongoing low back pain and difficulty with prolonged activity and sleeping. The current request is for Ultram 50 mg #120 with 5 refills QTY 720. The attending physician prescribed Tramadol 50 mg 1 PO QID for pain #120 and Lunesta 3 mg 1 PO QHS for Sleep #30. He states that these continue to be effective in treating his moderate low back pain. He states they do improve his activity level and his pain level. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation for VAS quantification of pain, without and with medication. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. Additionally, the request quantity of 5 refills exceeds the MTUS guideline standards as it does not allow for ongoing opioid pain management assessment. As such, the available medical records do not establish medical necessity for the request.

Lunesta 3mg #30 with five refills quantity 180.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Eszopicolone (Lunesta).

Decision rationale: The patient continues to report ongoing low back pain and difficulty with prolonged activity and sleeping. The current request is for Lunesta 30mg #30 with 5 refills QTY 180. The attending physician prescribed Tramadol 50 mg 1 PO QID for pain #120 and Lunesta 3 mg 1 PO QHS for Sleep #30. He states that these continue to be effective in treating his moderate low back pain. The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. In this case, there is nothing in the records which indicates the patient is currently suffering from a sleep disturbance, or has failed at sleep hygiene modification attempts. Based on the records made available for review, the medical necessity for this medication has not been established.