

Case Number:	CM15-0127898		
Date Assigned:	07/14/2015	Date of Injury:	08/30/2010
Decision Date:	08/24/2015	UR Denial Date:	06/15/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 8/30/2010. She reported pain between her shoulder blades into her neck. Diagnoses have included discogenic cervical condition, discogenic lumbar condition, epicondylitis medially and laterally, wrist joint inflammation and chronic pain syndrome. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), acupuncture, trigger point injections to the left shoulder, pool therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 6/1/2015, the injured worker was seen for follow up for her neck, back and both upper extremities. Objective findings revealed tenderness along the shoulder girdle musculature with spasm on the left as well as the right. There was tenderness along the sacroiliac joint on the left side. There was tenderness along the medial epicondylar surface, more on the right than the left. Authorization was requested for Tramadol, Norflex and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, specific drug list, Tramadol Page(s): 76-78, 91, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are discogenic cervical condition; discogenic lumbar condition; epicondylitis medially and laterally; wrist joint inflammation and CMC joint inflammation bilaterally; and chronic pain syndrome depression, sleep disorder and stress. The date of injury is August 30, 2010. Request for authorization is June 8, 2015. A progress note dated January 8, 2015 from the treating provider prescribed Nalfon, Ultracet and Neurontin. A progress note dated March 16, 2015 shows the treating provider prescribed Ultracet, Neurontin, naproxen, trazodone, Effexor, Flexeril, and Lidopro. According to the June 1, 2015 progress note, subjectively the injured worker complaints of ongoing neck and back pain. There were no pain scores documented. Objectively examination is limited to the shoulder and elbow. The shoulder was tender to palpation spasm. The elbow was tender to palpation. The treating provider requested Lunesta, Norflex and tramadol. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation in the medical record of objective functional improvement regarding Ultracet. There is no clinical rationale for changing Ultracet to tramadol. Consequently, absent clinical documentation with a clinical indication and rationale for changing Ultracet tramadol, documentation demonstrating objective functional improvement of Ultracet, detailed pain assessments and risk assessments, Tramadol ER 150 mg #30 is not medically necessary.

Norflex 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are discogenic cervical condition; discogenic lumbar condition; epicondylitis medially and laterally; wrist joint inflammation and CMC joint inflammation bilaterally; and chronic pain syndrome depression, sleep disorder and stress. The date of injury is August 30, 2010. Request for authorization is June 8, 2015. A progress note dated January 8, 2015 from the treating provider prescribed Nalfon, Ultracet and Neurontin. A progress note dated March 16, 2015 shows the treating provider prescribed Ultracet, Neurontin, naproxen, trazodone, Effexor, Flexeril, and Lidopro. According to the June 1, 2015 progress note, subjectively the injured worker complaints of ongoing neck and back pain. There were no pain scores documented. Objectively examination is limited to the shoulder and elbow. The shoulder was tender to palpation spasm. The elbow was tender to palpation. The treating provider requested Lunesta, Norflex and tramadol. The documentation shows Flexeril was prescribed as far back as March 16, 2015. It was no documentation demonstrating objective functional improvement with Flexeril use. In the most recent progress note dated June 1, 2015 the treating provider requested Norflex. There is no clinical rationale for change from Flexeril to Norflex. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of an exacerbation of chronic low back pain. There are objective findings of the lumbar spine document the medical record. Additionally, the treating provider exceeded the recommended guidelines by continuing muscle relaxants in excess of three months. Consequently, absent clinical documentation demonstrating objective functional improvement with Flexeril, a clinical rationale for changing Flexeril to Norflex and treatment continued in excess of three months (guidelines recommend less than two weeks), Norflex 100mg #60 is not medically necessary.

Lunesta 2mg #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, Eszopicolone (Lunesta); Mental Illness & Stress, Eszopicolone (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 section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 2 mg #30 with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are discogenic cervical condition; discogenic lumbar condition; epicondylitis medially and laterally; wrist joint inflammation and CMC joint

inflammation bilaterally; and chronic pain syndrome depression, sleep disorder and stress. The date of injury is August 30, 2010. Request for authorization is June 8, 2015. A progress note dated January 8, 2015 from the treating provider prescribed Nalfon, Ultracet and Neurontin. A progress note dated March 16, 2015 shows the treating provider prescribed Ultracet, Neurontin, naproxen, trazodone, Effexor, Flexeril, and Lidopro. According to the June 1, 2015 progress note, subjectively the injured worker complaints of ongoing neck and back pain. There were no pain scores documented. Objectively examination is limited to the shoulder and elbow. The shoulder was tender to palpation spasm. The elbow was tender to palpation. The treating provider requested Lunesta, Norflex and tramadol. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. The treating provider prescribed trazodone according to the March 16, 2015 progress note. There was no documentation demonstrating objective functional improvement or non-improvement with trazodone. There is no discussion as to the number of hours of sleep achieved per night or sleep hygiene. Additionally, hypnotics are limited to three weeks maximum in the first two months of the injury only. The date of injury was August 30, 2010. Lunesta is recommended for short-term, not long-term use. There is no treatment plan indicating the estimated timeframe for Lunesta. Consequently, absent clinical documentation of sleep hygiene and number of hours of sleep per night, the clinical response to trazodone, Lunesta's indication for three weeks maximum in the first two months of the injury only (date of injury August 30, 2010) and short-term use (Lunesta 2 mg #30 requested one month supply), Eszopicolone (Lunesta) 2 mg #30 with no refills is not medically necessary.