MAXIMUS Federal Services

Case Number:	CM15-0139420		
Date Assigned:	07/29/2015	Date of Injury:	09/26/2014
Decision Date:	11/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 55-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of insomnia reportedly associated with an industrial injury of September 26, 2014. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for Lunesta and tramadol. The claims administrator referenced progress notes and RFA forms of June 17, 2015 and June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 9, 2015 office visit, the applicant reported ongoing complaints of low back pain. The attending provider contended that the applicant was deriving appropriate analgesia from his pain medications, which included Norco, Flexeril, Motrin, and Lidoderm patches, it was stated in one section of the note. Work restrictions were endorsed, although it was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider stated that the applicant's pain complaints were interfering with day-to-day physical activity. There was no seeming mention of Lunesta or tramadol usage on this date. A medical-legal evaluator noted on April 15, 2015 that the applicant was having difficulty performing his usual and customary household chores. The applicant was apparently unable to perform his usual and customary work. The medical-legal evaluator stated that the applicant's employer was unable to accommodate suggestive limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 with 3 refills: 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: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon an attending provider to incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the June 9, 2015 office visit was difficult to follow, mingled historical issues with current issues, and did not make any mention of the need for Lunesta usage. The applicant's medication list reportedly included Norco, Flexeril, Motrin, and Lidoderm patches. There was no mention of Lunesta as being employed or prescribed on this date. The 30-tablet, 3-refill supply of Lunesta at issue, furthermore, represented treatment in excess of the short-term use role for which Lunesta is recommended, per ODG's Mental Illness and Stress Chapter Eszopiclone topic. The request, thus, as written, was at odds with both the MTUS Guideline in ACOEM Chapter 3, page 47 and with ODG's Mental Illness and Stress Chapter Eszopiclone topic. Therefore, the request is not medically necessary.

Tramadol 50mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should be "knowledgeable" regarding prescribing information. Here, however, the attending provider's June 9, 2015 office made no mention of the need for tramadol, a synthetic opioid. The June 9, 2015 office visit stated that the applicant was using Norco, Flexeril, Lidoderm, and Motrin. It did not appear that the attending provider was particularly knowledgeable regarding prescribing information insofar as the tramadol in question was concerned. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, thus, the attending provider's seeming decision to concurrently prescribe tramadol and Norco, thus, was at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.