

Case Number:	CM15-0161710		
Date Assigned:	10/16/2015	Date of Injury:	02/14/2011
Decision Date:	12/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 55 year old female, who sustained an industrial injury on 02-14-2011. She has reported injury to the low back, right knee, and left ankle. The diagnoses have included lumbar degenerative disc disease. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Naprosyn, Gabapentin, Tramadol, Fexmid, and Lunesta. In a progress report dated 04-17-2015, the injured worker indicates "she was taking the medications that were prescribed and these have helped to a certain degree" and she is "able to do more activities of daily living with the medications than without". A progress report from the treating physician, dated 07-06-2015, documented an evaluation with the injured worker. The injured worker reported that she continues to have chronic pain in the lower back, right knee, and left ankle; her pain ranges up to a 6 out of 10 in intensity; and the pain is brought on with activities such as bending, lifting, twisting, prolonged sitting, getting out of cars and chairs, sneezing, straining at stool, walking, and lying flat. Objective findings included she does not appear in acute distress; decreased range of motion of the left ankle secondary to pain; there is positive patellofemoral tenderness; positive medial and lateral joint line tenderness; there is mild crepitus with range of motion; there is positive tenderness of the medial and lateral malleolus of the left ankle; lumbar spine range of motion is decreased; there is positive lumbar tenderness and paraspinal muscle spasm; and motor exam of the left ankle invertors and evertors are 4 out of 5 and decreased due to pain in the ankle. The treatment plan has included the request for Tramadol ER 150mg 1 tab daily as needed #30; Lunesta 1mg 1 tab daily at hour of sleep as needed sleep #30; and Fexmid 7.5mg twice a day #60. The original utilization review, dated 07-31-2015, non-

certified the request for Tramadol ER 150mg 1 tab daily as needed #30; Lunesta 1mg 1 tab daily at hour of sleep as needed sleep #30; and Fexmid 7.5mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg 1 tab QD PRN #30: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with chronic pain in the lower back, right knee, and left ankle. The patient is status post left ankle surgery on unspecified date. The request is for TRAMADOL ER 150MG 1 TAB QD PRN #30. RFA with the request not provided. RFA with the request not provided. Patient's diagnosis per RFA dated 10/06/14 for another request includes lumbar degenerative disc disease. Physical examination to the lumbar spine on 07/06/15 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Examination of the knee revealed patellofemoral tenderness at medial and lateral joint lines, as well as mild crepitus with range of motion. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Tramadol, Lunesta and Fexmid. The patient is not working, per 05/22/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Tramadol has been included in patient's medications per progress reports dated 02/09/15, 04/17/15 and 05/22/15. It is not known when this medication was initiated. Per 02/09/15 report, treater states, "the patient indicates she is taking the medications as prescribed and these are helping her overall. She is able to do more activities of daily living with the medications than without the medication. The medications decrease her pain level by 2 or 3 on a scale of 10." In this case, treater has

addressed analgesia and provided general statements indicating benefit from this medication. However, treater has not discussed how Tramadol significantly improves patient's activities of daily living with specific examples. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." UDS dated 02/01/15 was provided demonstrating consistent results, but there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for chronic low back pain. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lunesta 1mg t tab q HS PRN sleep #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: Insomnia treatment.

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

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with chronic pain in the lower back, right knee, and left ankle. The patient is status post left ankle surgery on unspecified date. The request is for LUNESTA 1MG T TAB Q HS PRN SLEEP #30. RFA with the request not provided. RFA with the request not provided. Patient's diagnosis per RFA dated 10/06/14 for another request includes lumbar degenerative disc disease. Physical examination to the lumbar spine on 07/06/15 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Examination of the knee revealed patellofemoral tenderness at medial and lateral joint lines, as well as mild crepitus with range of motion. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Tramadol, Lunesta and Fexmid. The patient is not working, per 05/22/15 report. ODG-TWC, Mental & Stress Chapter under Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Lunesta has been included in patient's medications per progress reports dated 02/09/15, 04/17/15 and 05/22/15. It is not known when this medication was initiated. Per 02/09/15 report, treater states, "the patient indicates she is taking the medications as prescribed and these are helping her overall. She is able to do more activities of daily living with the medications than without the medication. The medications decrease her pain level by 2 or 3 on a scale of 10." Guidelines allow short-term use of this medication to address insomnia. ODG recommends short-term use of up to 3 weeks. This patient has been prescribed this medication at least since 02/09/15, which is more than 5 months from UR date of 07/31/15. The request for additional prescription of Lunesta would exceed

guideline recommendations. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Fexmid 7.5mg BID #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with chronic pain in the lower back, right knee, and left ankle. The patient is status post left ankle surgery on unspecified date. The request is for FEXMID 7.5MG BID #60. RFA with the request not provided. RFA with the request not provided. Patient's diagnosis per RFA dated 10/06/14 for another request includes lumbar degenerative disc disease. Physical examination to the lumbar spine on 07/06/15 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Examination of the knee revealed patellofemoral tenderness at medial and lateral joint lines, as well as mild crepitus with range of motion. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Tramadol, Lunesta and Fexmid. The patient is not working, per 05/22/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline) This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Fexmid has been included in patient's medications per progress reports dated 02/09/15, 04/17/15 and 05/22/15. It is not known when this medication was initiated. Per 02/09/15 report, treater states "the patient indicates she is taking the medications as prescribed and these are helping her overall. She is able to do more activities of daily living with the medications than without the medication. The medications decrease her pain level by 2 or 3 on a scale of 10." However, MTUS recommends Fexmid only for a short period (no more than 2-3 weeks). This patient has been prescribed this medication at least since 02/09/15, which is more than 5 months from UR date of 07/31/15. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, this retrospective request IS NOT medically necessary.