

Case Number:	CM15-0172369		
Date Assigned:	09/14/2015	Date of Injury:	04/21/2011
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36-year-old female, with a reported date of injury of 04-21-2011. The diagnoses include lumbar sprain and strain, low back pain, discogenic lumbar condition with radicular component down the left lower extremity, and hip joint inflammation. Treatments and evaluation to date have included a TENS (transcutaneous electrical nerve stimulation) unit, Norco, Trazodone, Diclofenac, Gabapentin, injections, physical therapy, Tramadol (since at least 10-2014), LidoPro lotion, Nalfon, Topamax (since at least 02-2012), left hip injection, and trigger point injections to the lumbar spine. The diagnostic studies to date have included a urine drug screen on 04-29-2015 with negative findings; and an MRI of the lumbar spine on 02-28-2012 which showed disc desiccation, disc herniation, and mild central spinal canal stenosis. The medical report dated 06-01-2015 indicates that the injured worker complained of persistent right shoulder pain and she was unable to sleep at night. The injured worker had an MRI of the right shoulder which showed bursal-sided fraying of the supraspinatus. The objective findings include positive impingement sign, positive Hawkins sign, tenderness along the right shoulder, and abduction at 120 degrees. It was noted that the injured worker was not working. The medical report dated 07-30-2015 indicates that the injured worker had low back pain with radiation of pain down the left lower extremity. It was noted that she had limitation with bending, sitting, standing, walking, and forceful activities. The objective findings included tenderness along the groin on the left; discomfort in her groin with flexion and internal rotation; lumbar flexion at 40 degrees; lumbar extension at 10 degrees; tenderness along the lumbosacral area as well as left hamstring, left buttock, and left calf; depressed reflexes at the ankles; positive straight leg raise;

and weakness of quadriceps and hamstring on the left side. There was documentation that the injured worker was weaned off Norco. It was noted that the injured worker underwent nerve studies which showed denervation along the paraspinal musculature and evidence of mid lower lumbar radiculopathy; and an MRI of the left hip with unremarkable findings. There is no indication of how long the injured worker had been taking Lunesta. The request for authorization was dated 07-30-2015. The treating physician requested Topamax 50mg #60, Lunesta 2mg #30, and Tramadol 150mg #30. On 08-10-2015, Utilization Review (UR) non-certified the request for Topamax 50mg #60, Lunesta 2mg #30, and Tramadol 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Topamax has been shown to have variable efficacy for neuropathic pain. There are other medications with more evidence to support their use of neuropathic pain. In this case, the claimant had already been on Gabapentin which has more consistent efficacy. The Trazodone was described as use for insomnia. It is not indicated for insomnia and the claimant was also given another insomnia medication. Long-term use for this reason is not indicated. Failure of behavioral interventions is unknown. The request for Trazodone is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pan chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case the etiology of sleep disturbance is unknown. The claimant was also given Trazodone for sleep. Failure of behavioral intervention is unknown. Long-term use is not indicated. The request for Lunesta is not substantiated and not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Norco for several months. No one opioid is superior to another. Pain scores were not consistently noted. The use of Tramadol was not justified. Failure of tricyclics was not noted. There was mention of Norco weaning but use and request for Tramadol was not clear. The Tramadol ER is not justified and not medically necessary.