

<b>Case Number:</b>	CM15-0174723		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Pennsylvania, Ohio, 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 37 year old female, who sustained an industrial injury on 05-26-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hypertension, chest pain, neck pain, back pain, stress, insomnia, headaches and dizziness. Medical records (04-01-2015 to 07-29-2015) indicate ongoing neck pain, low back pain radiating into the lower extremities, increased bilateral shoulder pain (right greater than left), and increased bilateral wrist and forearm pain (right greater than left) with numbness and weakness in both hands. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), dated 04-01-2015, the IW has not returned to work. The psychological-psychiatric exam, dated 07-29-2015, states that the injured worker is being seen for medication management of persistent symptoms of depression, anxiety, and stress related medical complaints. This report states that there have been no significant side-effects or negative interactions with current medications. The medications were reported to all interact to improve anxiety, depression, confusion, emotional control and stress-intensified medical complaints. Relevant treatments have included right shoulder surgery (2012), left shoulder surgery (2013), psychological treatments, physical therapy (PT), acupuncture, massage, electrical stimulation, chiropractic treatments, work restrictions, and medications. The treating physician indicates that MRI of the lumbar spine (2014) showing a herniated disc at L4-5 and L5-S1 without evidence of significant neuroforaminal narrowing. The request for authorization and PR requesting the medications (under dispute) were not available for review; however, the original utilization review (UR) shows that the following medications were requested: Lunesta 3mg (1 at bedtime)

with 2 refills, tramadol (1 four times daily) with 2 refills, and alprazolam 0.5mg (1 daily as needed) with 2 refills. The original UR (08-12-2015) denied the request for: Lunesta 3mg (1 at bedtime) with 2 refills based the medication is not recommended for chronic or long-term use; and tramadol (1 four times daily) with 2 refills based on the lack of documented pain relief, functional improvement and urine drug monitoring. The original UR also modified the request for alprazolam 0.5mg (1 daily as needed) with 2 refills based on the medication is recommended for long-term use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lunesta 3mg 1 QHS sleep with two (2) 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 and stress chapter, Lunesta section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

**Decision rationale:** ODG does not recommend pharmacological treatment of insomnia without clear evaluation of the cause of sleep disturbance. Such treatment would particularly not be recommended for chronic use or multiple refills without such documentation of the rationale for ongoing use. These guidelines have not been met; this request is not medically necessary.

#### **Tramadol 1 QID prn pain with two (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): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Alprazolam 0.5mg 1 QD prn with two (2) refills:** 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): Benzodiazepines.

**Decision rationale:** Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.