

Case Number:	CM15-0073052		
Date Assigned:	04/23/2015	Date of Injury:	01/30/2004
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 61 year old female, who sustained an industrial injury on 1/30/2004. The current diagnoses are discogenic lumbar condition, chronic L5 radiculopathy, cervical sprain, and internal derangement of the left knee, status post arthroscopy, left ankle sprain, arthritis of the left hip joint, status post total hip replacement, and chronic pain syndrome. According to the most current progress report dated 10/9/2014, the injured worker complains of pain in the neck, low back, left hip, left knee, and left ankle. The current medications are Tramadol, Protonix, Naproxen, Terocin patches, and Lidopro lotion. Treatment to date has included medication management, X-rays, MRI studies, hot/cold wraps, braces, collar with gel, neck pillow, TENS unit, aqua therapy, home exercise program, [REDACTED], transforaminal epidural steroid injection (10/17/2014), and surgical intervention. The plan of care includes prescriptions for Tramadol 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61 year old female has complained of neck pain, low back pain and knee pain since date of injury 1/30/04. She has been treated with surgery, physical therapy and medications to include opioids since at least 11/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not medically necessary.

Lunesta 2mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta.

Decision rationale: This 61 year old female has complained of neck pain, low back pain and knee pain since date of injury 1/30/04. She has been treated with surgery, physical therapy and medications. The current request is for Lunesta. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also a lack of documentation regarding the efficacy of this medication thus far. On the basis of this lack of documentation, lunesta is not medically necessary.