

<b>Case Number:</b>	CM15-0076062		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/19/2000
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Internal 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 injured worker is a 66 year old female, who sustained an industrial injury on 12/19/2000. She has reported injury to the low back. The diagnoses have included lumbago; and degeneration lumbar/lumbosacral intervertebral disc. Treatment to date has included medications, diagnostics, yoga, and home exercise program. Medications have included Celebrex, Ultram, and Lunesta. A progress note from the treating physician, dated 03/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continuing pain in the middle of her low back and pain into the right gluteal region; pain is rated at 5/10 on the visual analog scale without medication, and 2/10 with medication. Objective findings included tenderness to palpation in the midline of the low back; able to transfer and ambulate without difficulty; and good range of motion in her legs and back. The treatment plan has included the request for Ultram 50mgm, #90; and Lunesta 2mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The primary treating physician's progress report dated 3/26/15 documented that the patient reported that pain continues in the middle of the low back, and has pain into the right gluteal region. Pain is constant waxing and waning pain. The pain is achy in character but with certain movements pain is sharp in character. Without medication her pain is 5/10 and with medication pain is 2/10 and tolerable. With her medication she is able to do her exercise program and housework. Physical examination demonstrated tenderness to palpation in the midline of the low back. Diagnoses were lumbago and lumbosacral intervertebral degenerative disc disorder. Analgesia was documented. The patient reported benefit with medications. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Ultram (Tramadol) is medically necessary.

**Lunesta 2mg, #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) Mental Illness & Stress.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. Medical records document the long-term use of Lunesta, which is not supported by ODG guidelines. ODG guidelines do not support the long-term use of Lunesta. Therefore, the request for Lunesta is not medically necessary.

