

Case Number:	CM15-0078660		
Date Assigned:	04/29/2015	Date of Injury:	05/16/2002
Decision Date:	05/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 5/16/2002. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral carpal tunnel syndrome, status post right wrist surgery, pantrapezial arthritis bilaterally, stenosing tenosynovitis left thumb, and chronic pain syndrome with weight loss. Comorbid conditions include obesity. Treatments to date include orthotic splint, medication therapy, and therapeutic injections. Currently, she complained of bilateral wrist pain associated with numbness, tingling, and weakness. On 4/14/15, the physical examination documented tenderness along the carpal tunnel with positive Tinel's test on the left. Range of motion was limited and grip was affected. The plan of care included continuation of medication therapy pending authorization for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Tramadol/APAP (Ultracet, Ultracet ER) is a combination medication made up of the opioid, Tramadol, and acetaminophen, better known as Tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to allow safe use. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. This patient's medical records showed the provider is monitoring for abuse by history and urine drug screens, however, the most recent records have not documented improved pain control with this medication but rather worsening pain. Without proven effectiveness of this therapy as required by the MTUS, continued use of opioid treatment is not indicated. Thus, continued use of this medication is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008; 4 (5): 487-504.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. The medical records do not document the presence of daytime symptoms nor an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other co-morbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. Use of this medication

is thus not medically indicated until the above evaluation is completed and indicates this medication would be required to treat her insomnia-related condition. Medical necessity has not been established.