

Case Number:	CM15-0096705		
Date Assigned:	05/27/2015	Date of Injury:	07/14/2010
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male with an industrial injury dated 7/14/2010. The injured worker's diagnoses include mechanical low back pain, myofascial low back pain and degenerative joint disease of the L4-5 and L5-S1 disks of the lumbar spine. Treatment consisted of diagnostic studies, prescribed medications, therapy, work restrictions, yoga and periodic follow up visits. In a progress note dated 4/30/2015, the injured worker reported irritation of his low back at work and left shoulder injury occurring on 4/20/2015. The injured worker reported the ability to continue working with current work restrictions. The injured worker also reported that current prescribed medication does not help with sleep and that he would like to try something else. Objective findings revealed minimal tenderness to palpitation to lumbar spine, pain with back range of motion and tight & taught bands of muscle on the left lumbar paraspinal muscles. The treating physician prescribed Ultram extended release 200mg quantity 30 and Lunesta 2mg quantity 30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram extended release 200mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in July 2010 and continues to be treated for chronic low back pain. When seen in October 2014 Ultram ER 100 mg was decreasing pain from 9/10 to 2/10. It became ineffective and was increased to 200 mg. When seen, there was lumbar spine tenderness with decreased and painful range of motion. A sit/stand workstation was helping at work. Elavil was discontinued and Lunesta prescribed for pain related sleep problems. Ultram ER is a sustained release opioid used for baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this dose is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Ultram ER was not medically necessary.

Lunesta 2mg quantity 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, Pain; Insomnia Treatment; Mental Illness and Stress, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in July 2010 and continues to be treated for chronic low back pain. When seen in October 2014 Ultram ER 100 mg was decreasing pain from 9/10 to 2/10. It became ineffective and was increased to 200 mg. When seen, there was lumbar spine tenderness with decreased and painful range of motion. A sit / stand workstation was helping at work. Elavil was discontinued and Lunesta prescribed for pain related sleep problems. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, the prescribing of Lunesta was not medically necessary.