

Case Number:	CM13-0007851		
Date Assigned:	03/07/2014	Date of Injury:	10/22/1998
Decision Date:	04/23/2014	UR Denial Date:	07/28/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 49-year-old male with a 10/22/88 date of injury. At the time (7/19/13) of request for authorization for Ambien 10MG #30, Morphine Sulfate ER 30MG #90, Morphine Sulfate immediate release (IR) 30MG # 150, and Neurontin 600MG # 90, there is documentation of subjective (low back pain radiating to the right lower extremity and pain levels increased with an average level of 8/10 with medications and 10/10 without) and objective (reduced lumbar spine range of motion secondary to pain and lumbar myofascial tenderness) findings, current diagnoses (lumbar radiculopathy, status post lumbar fusion, and insomnia secondary to chronic pain), and treatment to date (medications (including opioids and Neurontin since at least 2009; Ambien since at least 2011)). Regarding Ambien 10MG #30, there is no documentation of the intention to treat over a short course (less than two to six weeks). Regarding Morphine Sulfate ER 30MG #90 and Morphine Sulfate immediate release (IR) 30MG # 150, there is no documentation that that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding Neurontin 600MG # 90, there is no documentation of objective findings consistent with neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, and Zolpidem.

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, status post lumbar fusion, and insomnia secondary to chronic pain. In addition, there is documentation of insomnia. However, given documentation of records reflecting prescriptions for Ambien since at least 2011, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10MG #30 is not medically necessary.

MORPHINE SULFATE ER 30MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, status post lumbar fusion, and insomnia secondary to chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with opioids since at least 2009 and pain levels increased with an average level of 8/10 with medications and 10/10 without, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a

review of the evidence, the request for Morphine Sulfate ER 30MG #90 is not medically necessary.

MORPHINE SULFATE IMMEDIATE RELEASE (IR) 30MG # 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, status post lumbar fusion, and insomnia secondary to chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with opioids since at least 2009 and pain levels increased with an average level of 8/10 with medications and 10/10 without, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for Morphine Sulfate immediate release (IR) 30MG # 150 is not medically necessary.

NEURONTIN 600MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications

or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbar radiculopathy, status post lumbar fusion, and insomnia secondary to chronic pain. In addition, there is documentation of subjective findings (low back pain radiating to the right lower extremity). However, there is no documentation of objective findings consistent with neuropathic pain. In addition, given documentation of ongoing treatment with Neurontin since at least 2009 and pain levels increased with an average level of 8/10 with medications and 10/10 without, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 600MG # 90 is not medically necessary.