

Case Number:	CM13-0020169		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2002
Decision Date:	02/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic mid and low back pain reportedly associated with industrial injury of July 11, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of acupuncture over the life of the claim; sleep aids; attorney representation; and the apparent imposition of permanent work restrictions through an Agreed Medical Evaluator. In a Utilization Review Report of August 13, 2013, the claims administrator partially certified a request for Neurontin, denied a request for Ambien, and denied a request for Robaxin. The applicant's attorney later appealed. A December 11, 2013 progress note is notable for heightened complaints of pain. The applicant's activity level has decreased. His quality of sleep is poor. He denied any symptoms of pain. He is on Ambien, Neurontin, Lidoderm, Robaxin, Motrin, Actos, aspirin, Cozaar, glucosamine, glyburide, hydrochlorothiazide, Levoxyl, Atarax, metformin, and Mevacor. He is obese with a BMI of 36. Replacement TENS unit is endorsed. The applicant states that he is now willing to stop Ambien, which he has been using for the past two to three years. A later section of report states that the applicant finds Motrin and Neurontin in terms of helping his neuropathic pain/leg pain. Robaxin is reportedly being used for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: As noted on the page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for gabapentin or Neurontin is three to eight weeks for titration, then one to two weeks of maximal dosage. In this case, the applicant has been using this particular agent for years and has failed to derive any lasting benefit or functional improvement through prior usage of the same as defined by the parameters established in MTUS 9792.20f. The applicant has failed to return to work. There is no evidence of progressive diminution in work restrictions or reduction in dependence on medical treatments. The applicant remains highly reliant on various medical treatments, TENS units, medications, etc. It does not appear clear that overall usage of Neurontin has been beneficial here. While there is some subjective report that the applicant is reporting some diminution of leg pain through prior usage of Neurontin, this appears to be outweighed by the applicant's failure to return to work, issues with polypharmacy, and persistent pain complaints. It is further noted that portions of the note suggests that the applicant is deriving appropriate analgesia from usage of medications while the other portions of the note states that the applicant is reporting diminished efficacy of medications and heightened pain complaints. On balance, continuing Neurontin in this context is not indicated. Therefore, the request is not certified.

Ambien 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The MTUS does not address the topic. As noted in the ODGs chronic pain chapter zolpidem topic, zolpidem or Ambien is indicated only for short-term treatment of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or sustained used to which it is being put here. Both the attending provider and the applicant eventually acknowledged that it is time for the applicant to cease usage of Ambien, as he has been using the same for two to three years. For all of these reasons, the request is not certified.

Robaxin 750 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: As noted on Page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. They are not recommended for chronic, long-term, sustained, or scheduled use purposes such as that for which they are being proposed here. As with the other medications, there is no clear-cut evidence of lasting benefit or functional improvement derived through prior usage of Robaxin. The applicant has failed to return to work. Some portions of the most recent progress note suggests that he is having heightened pain while the other portions of the progress note suggest that Robaxin may help treat his spasm. Given the somewhat contradictory documentation and failure to affect any clear evidence of functional improvement as defined by the parameters established in MTUS 9792.20f, the request is not certified.