

Case Number:	CM13-0022361		
Date Assigned:	11/13/2013	Date of Injury:	03/08/2005
Decision Date:	01/28/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/10/2013

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 Physical Medicine & Rehabilitation, 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 patient is a 64-year-old male who reported an injury on 3/08/2005. The mechanism of injury was not provided in medical records. His symptoms are noted to include bilateral knee pain. Objective findings include tenderness to palpation over the medial and lateral joint lines of the bilateral knees, tenderness to palpation over the patellar tendons bilaterally, and reduced range of motion to bilateral knees. The patient's diagnoses are noted as cervical disc herniation, tendinosis and probable partial thickness tear of the left shoulder, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar disc herniation, bilateral knee internal derangement, left knee meniscal tear, status post left knee arthroscopy, status post right knee arthroscopy, and diabetes, type 2, with peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Gabapentin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state that ant epilepsy drugs are recommended for neuropathic pain, usually post herpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. Specifically, gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and is a first-line treatment for neuropathic pain. The guidelines also state that a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response with a 30% reduction. The guidelines state that for patients with a less than 30% reduction in pain, this outcome should trigger a switch to a different first-line agent, or combination therapy if the treatment with the single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with the use. The patient was noted to have a diagnosis of diabetic neuropathy, and is noted to be taking gabapentin 600mg. However, the clinical information submitted for review failed to include documentation of the patient's outcome on this medication, including the patient's pain relief, functional status, and side effects from the medication. With the lack of this documentation, the request is not certified. Therefore, the request is noncertified.

30 Zolpidem 10 mg: 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 (Chronic)

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

Decision rationale: According to the Official Disability Guidelines, zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It further specifies that while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use as they can be habit forming, and they may impair function and memory more than opioid pain relievers. As this medication is not recommended for long term use according to the guidelines, the request is not supported. Therefore, the request is noncertified.