

Case Number:	CM13-0030122		
Date Assigned:	03/03/2014	Date of Injury:	01/29/2008
Decision Date:	05/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Medicine, has a subspecialty in Pain 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 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:

52 yr. old female claimant sustained a work related injury on 1/29/08 involving the right leg resulting in an eventual below the knee amputation. For the past 5 years she has had phantom pain in the leg. An examination note on 8/12/13 indicated she had been on Neurontin (had been taking greater than 1 year), Fentanyl patches (taking for several months) and Morphine for pain. Ambien was added to assist with insomnia and a spinal cord stimulator trial was recommended. A follow-up visit in 1 month, the claimant noted no relief with the stimulator. Her exam was notable for skin breakdown in the stump and a normal neurological exam. Her Neurontin, Duragesic (Fentanyl), Ambien and Morphine were continued and she was referred to a surgeon for revision of the stump.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 TABLETS OF MORPHINE INSTANT RELEASE 15 MG BETWEEN 9/4/2013 AND 10/19/2013: 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): 72-91.

Decision rationale: In this case, the claimant had been receiving 90 mg of Morphine per day along with 25 mcg of Fentanyl (Duragesic). The total daily opioid dose, length of treatment and indication for neuropathic pain do not follow the guidelines and the use of Morphine for the dates indicated is not medically necessary.

90 TABLETS OF NEURONTIN 800MG BETWEEN 9/4/2013 AND 10/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 49.

Decision rationale: Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Gabapentin listing for more information and references. The guidelines do not support its use for phantom limb pain or pain unrelated to diabetic neuropathy. In addition, the pain is persistent despite the use of Neurontin for over a year. Neurontin for the dates in question is not medically necessary.

15 PATCHES OF DURAGESIC 25 MG BETWEEN 9/4/2013 AND 10/19/2013: 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): 72-91.

Decision rationale: In this case, the claimant had been receiving 90 mg of Morphine per day along with 25 mcg of Fentanyl (Duragesic). The total daily opioid dose, length of treatment and indication for neuropathic pain do not follow the guidelines and the use of Duragesic for the dates indicated is not medically necessary.

30 TABLETS OF AMBIEM 10MG BETWEEN 9/4/2013 AND 10/19/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - INSOMNIA

Decision rationale: In this case, the claimants sleep disturbance is not specified as primary or secondary. The pain symptoms likely make it a secondary issue. In addition, the guidelines

recommend 5mg for female patients. The dose of Ambien 10 mg as prescribed above is neither medically necessary nor supported by the guidelines.