

<b>Case Number:</b>	CM13-0030901		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 and Rehabilitation and is licensed to practice in Texas. 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 37-year-old female with a reported date of injury on 02/29/2012. The patient presented with weakness, unsteady gait, worsening pain, headaches triggered by a tight trapezius and shoulder girdle, pain radiation to the bilateral arms, numbness and tingling, and left-sided neck pain. The patient had no dizziness or nausea. The patient had diagnoses including traumatic brain injury, previous history of C2 fracture, vestibular dizziness, chronic post-traumatic stress syndrome, and headaches due to trauma in the past. The physician's treatment plan included request for Gabapentin 600 mg, Ambien 5 mg, Acetaminophen, Motrin, and Meclizine 37.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Gabapentin 600mg (2 month supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section, Gabapentin Section Page(s): 16-22, 49.

**Decision rationale:** The California MTUS guidelines note 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. The guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Per the provided documentation, it did not appear the patient had a diagnosis of painful diabetic neuropathy or postherpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Gabapentin 600 mg is neither medically necessary nor appropriate.

**Ambien 5mg:** 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) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** The California MTUS guidelines and ACOEM do not address Ambien. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The Official Disability Guidelines note primary insomnia is generally addressed pharmacologically and secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the provided documentation, it was unclear how long the patient had been utilizing the medication; the guidelines recommend Ambien for short-term, usually 2 to 6 weeks, treatment of insomnia. Within the provided documentation, the requesting physician did not include adequate documentation of significant improvement in sleep onset, sleep maintenance, sleep quality, and next day functioning. The efficacy of the medication was unclear within the provided documentation. Additionally, the requesting physician's rationale for the request was unclear. Therefore, the request for Ambien 5 mg is neither medically necessary nor appropriate.

**Acetaminophen 500mg (2 month supply):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Section Page(s): 11-12.

**Decision rationale:** The California MTUS guidelines note acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. The guidelines note

acetaminophen should be recommended on a case-by-case basis. The guidelines recommend acetaminophen, for patients with osteoarthritis (hip, knee, and hand), should be recommended as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors. If pain is inadequately treated or there is evidence of inflammation, alternate pharmacologic treatment should be considered. In patients with moderate to severe disease, initial treatment with an NSAID may be warranted. The guidelines recommend acetaminophen for patients with low back pain (chronic). Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. The selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for acetaminophen is neither medically necessary nor appropriate.

**Motrin 200mg (2 month supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-68.

**Decision rationale:** The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Motrin is neither medically necessary nor appropriate.

**Meclizine 37.5mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/meclizine.html](http://www.drugs.com/meclizine.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Information

**Decision rationale:** Medline Plus notes state Meclizine is used to prevent and treat nausea, vomiting, and dizziness caused by motion sickness. It is most effective if taken before symptoms appear. Medline Plus notes for motion sickness, Meclizine should be taken 1 hour before you start to travel. Doses may be taken every 24 hours if needed. For dizziness caused by an ear condition, follow your doctor's directions. Within the provided documentation, the requesting

physician's rationale for the request was unclear. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Meclizine 37.5 mg is neither medically necessary nor appropriate.