

<b>Case Number:</b>	CM13-0046198		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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:

This is a female patient with the date of injury of September 17, 2010. A utilization review determination dated October 29, 2013 recommends no certification of Ambien and Neurontin. A letter dated November 18, 2013 indicates that Ambien was authorized after receipt of additional information when appealed by [REDACTED]. A utilization review determination dated November 11, 2013 recommends certification of Ambien 10 mg. A note states, "There is now documentation of insomnia characterized by difficulties with sleep initiation and the intention to treat over a short course." A progress report dated November 4, 2013 includes subjective complaints of bilateral neck pain, right shoulder pain, and bilateral wrist pain. Physical examination identifies tenderness to palpation in the right shoulder and cervical facet joints. Shoulder range of motion is limited. Orthopedic examination of the shoulder reveals positive Hawkins and Neers tests. Diagnoses include cervical facet joint pain, cervical facet arthropathy, anterior cervical discectomy and fusion at C5-C6, right shoulder rotator cuff tear, right shoulder internal derangement, right shoulder impingement, right shoulder pain, and bilateral wrist pain. The treatment plan indicates that the patient has sleep initiation and therefore would benefit from Ambien for short-term use after surgery.â¿¿

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg times 30, pm sleep:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: chronic pain, sleep medication

**Decision rationale:** Regarding the request for Ambien, California Medical Treatment Utilization Schedule (MTUS) guidelines are silent regarding the use of sedative hypnotic agents. Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, the requesting physician has identified that the patient has difficulty with sleep initiation, and that the Ambien will be prescribed for short-term use following the patient's surgery. Therefore, the currently requested Ambien is medically necessary.

**Neurontin 300mg times 40 with 90 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there are no subjective complaints, objective findings, or diagnoses consistent with neuropathic pain. Additionally, there are no other diagnoses for which neurontin would be indicated. In the absence of such documentation, the currently requested neurontin is not medically necessary.