

Case Number:	CM13-0048376		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2005
Decision Date:	06/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/05/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 53-year-old male who reported an injury on 03/10/2005 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his cervical and lumbar spine. Conservative treatments included physical therapy, medications, epidural steroid injections, shockwave therapy, and a TENS unit. The injured worker ultimately underwent L4-5 and L5-S1 fusion surgery on 05/19/2011. The injured worker's postsurgical pain was managed with physical therapy, cognitive behavioral therapy, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker ultimately underwent hardware removal on 08/17/2013. The injured worker was evaluated on 10/14/2013. It was documented that the injured worker had continued neck pain complaints rated at a 10/10, and had a history of cervical discectomy and fusion. It was documented that the injured worker wanted the hardware removed. Physical findings included tenderness over the paracervical musculature. It was noted that the injured worker complained of dysphasia. The injured worker's diagnoses included cervical hyperextension status post surgery, hardware pain, thoracic discopathy, bilateral knee arthrosis, and cervical dysplasia with hardware pain. The injured worker's treatment plan included removal of the injured worker's cervical fusion hardware, and continuation of medications. Per an appeal to a utilization review denial dated 10/21/2013, it was documented that the injured worker's Gabapentin, Zolpidem, and esophageal evaluation with an ENT was not authorized. It was documented that the injured worker was prescribed Gabapentin in 07/2013 due to neuropathic pain associated with the injured worker's lumbar spine surgery. It was documented that the treating physician felt that the prescription medication of Zolpidem would assist with restful sleep during the night. It was documented that the injured worker was referred to an ENT specialist due to chronic dysphasia status post cervical surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF GABAPENTIN 600 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics and Medication For Chronic Pain, Page(s): 16, 60.

Decision rationale: The requested prescription of Gabapentin 600 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends anticonvulsants in the management of chronic pain as first-line treatments. However, the clinical documentation does indicate that the injured worker has been on this medication since at least 07/2013. California Medical Treatment Utilization Schedule recommends medications used in the management of chronic pain be supported by documentation of functional benefit and functional restoration. The clinical documentation submitted for review fails to identify a quantitative assessment of pain relief related to medication usage and documentation of functional benefit resulting from medications. Therefore, continued use of Gabapentin 600 mg #120 is not medically necessary or appropriate.

PRESCRIPTION OF ZOLPIDEM 10 MG, #30: 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 Chapter, Insomnia Treatments.

Decision rationale: The requested Zolpidem 10 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of Zolpidem for short durations of treatment to assist in re-establishing normal sleep patterns interrupted by chronic pain complaints. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's sleep hygiene to support the need for pharmacological intervention. Additionally, there is no documentation that the injured worker had failed to respond to nonpharmacological interventions to support re-establishment of normal sleep patterns. As such, the requested Zolpidem 10 mg #30 is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 1 ESOPHAGEAL EVALUATION WITH AN ENT (EAR, NOSE, THROAT) SPECIALIST FOR DYSPHASIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

Decision rationale: The prospective request for 1 esophageal evaluation with an ENT specialist for dysphasia is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referrals to specialized physicians when the treating physician has failed all treatment options and additional expertise is needed to re-evaluate and provide additional treatment options for the patient. The clinical documentation submitted for review does indicate that the injured worker has dysphasia status post surgical intervention. However, the clinical documentation does indicate that this symptom would possibly benefit from hardware removal. As the treating physician has not exhausted all treatment options for this patient, a referral would not be supported. As such, the prospective request for 1 esophageal evaluation with an ENT specialist for dysphasia is not medically necessary or appropriate.