

Case Number:	CM13-0053359		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2010
Decision Date:	03/19/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Management 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 68-year-old female who reported an injury on 10/01/2010. The mechanism of injury was not specifically stated. The patient is diagnosed as status post L3 through S1 decompression and fusion, L2-3 retrolisthesis, bilateral leg weakness and numbness, bladder and bowel dysfunction, cervical pain, bilateral shoulder pain, depression and anxiety, insomnia, and status post L2 through S1 revision decompression and fusion. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing sciatica with left lower extremity weakness. The physical examination revealed stiffness in the cervical spine, decreased cervical range of motion, decreased had grip strength on the left, decreased lumbar range of motion, and positive straight leg raising. The treatment recommendations included continuation of current medication including Prilosec, Norco, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 (ODG) (Pain Chapter) and FDA (Ambien).

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

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to reported sleep disturbance. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. There is also no evidence of a failure to respond to nonpharmacological treatment prior to the initiation of a prescription product. Based on the clinical information received, the request is non-certified.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17. Decision based on Non-MTUS Citation FDA (Neurontin).

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

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin 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. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. In the most recent clinical notes dated 10/22/2013 and 06/11/2013 by [REDACTED], it is noted that the patient currently utilizes Prilosec, Ambien, Norco, and a topical cream. Based on the clinical information received, the request is non-certified.

Topical cream KetoGaba Tram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the request for a topical analgesic. Furthermore, California MTUS Guidelines state Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.