

Case Number:	CM14-0008685		
Date Assigned:	02/12/2014	Date of Injury:	10/12/2000
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 49 year-old male who was injured on October 12, 2000. He has been diagnosed with left phantom limb syndrome; depressive disorder; unilaterat traumatic below the knee amputation without complications; bilateral cubital tunnel syndrome; bilateral carpal tunnel syndrome; ulnar nerve lesion; medication induced constipation; lumbar facet arthropathy; gait instability and abnormal gait. According to the December 10, 2013 physiatry report from [REDACTED], the patient presents with low back pain, bilateral elbow pain and left lower leg pain. Over the past week, the pain had been 4/10, currently is 0/10. When he is taking medications, the pain is 0/10. He takes gabapentin, nortriptyline, pantoprazole and was prescribed Ambien/zopidem 1x daily for anxiety and muscle spasm. On December 20, 2013, UR recommended modification or denial for the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORTRIPTYLINE 50 MG DAILY #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state that gabapentin is recommended for neuropathic pain. According to the December 10, 2013 physiatry report from [REDACTED], the patient presents with low back pain, bilateral elbow pain and left lower leg pain. He had been diagnosed with left phantom limb syndrome from a traumatic below the knee amputation. The patient's pain levels were 4/10, but with medications are 0/10. A good response to gabapentin is a 50% reduction in pain, and this patient has 100% reduction. The continued use of gabapentin appears to be in accordance with MTUS guidelines. Therefore the request is medically necessary.

PANTOPRAZOLE 20MG BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation FDA indications - www.drugs.com

Decision rationale: The California MTUS guidelines discuss proton pump inhibitors, such as pantoprazole, in the NSAIDs Section, but the patient is not reported to be on any NSAIDs. The boxed label indication for pantoprazole is GERD. According to the December 10, 2013 physiatry report from [REDACTED], the patient presents with low back pain, bilateral elbow pain and left lower leg pain. [REDACTED] states the pantoprazole (Protonix) is prescribed to manage the patient GI irritation/reflux. The request for pantoprazole is in accordance with its boxed label indication. Therefore, the request is medically necessary.

ZOLPIDERM TARTRATE 10MG DAILY #30: Upheld

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

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, Zolpidem and FDA labeled indication

Decision rationale: According to the December 10, 2013 physiatry report from [REDACTED], the patient presents with low back pain, bilateral elbow pain and left lower leg pain. [REDACTED] states that he is prescribing Ambien(zolpidem) for anxiolytic effect to treat anxiety and muscle spasm. Ambien is not classified as a muscle relaxant nor an anti-anxiety agent. It is a hypnotic for treatment of insomnia. The use of Ambien for anxiety and muscle spasm is not in accordance with its FDA labeled indication. Therefore the request is not medically necessary.

GABAPENTIN 800MG TID #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Neurontin Page(s): 18-19.

Decision rationale: The California MTUS Guidelines state that gabapentin is recommended for neuropathic pain. According to the December 10, 2013 physiatry report from [REDACTED], the patient presents with low back pain, bilateral elbow pain and left lower leg pain. He had been diagnosed with left phantom limb syndrome from a traumatic below the knee amputation. The patient's pain levels were 4/10, but with medications are 0/10. A good response to gabapentin is a 50% reduction in pain, and this patient has 100% reduction. The continued use of gabapentin appears to be in accordance with MTUS guidelines. Therefore the request is medically necessary.