

Case Number:	CM14-0011509		
Date Assigned:	02/21/2014	Date of Injury:	01/21/2010
Decision Date:	08/04/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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:

This is a 38-year-old male patient with a 1/21/10 date of injury. He felt a pop in the back of his head when he was weight-lifting at work. He was diagnosed with a Grade 2 ependymoma and subsequently had a craniotomy with resection. A progress report dated on 9/11/13 was not available on the received medical documentations. On 8/1/13, a hand-written, partially illegible note was reviewed. He has moderate to severe, constant pain. There has been no change in his pain. He is being referred for a [REDACTED] Bed and the [REDACTED]. Diagnostic Impression: s/p Ependymoma resection, meningitis, Strabismus, Ataxia, history of Malignant Hyperthermia, Hydrocephalus, Lumbosacral Strain, Cervical Spine Strain. Treatment to date: medication management. He was participating in sleep study to assess sleep hygiene, which was not completed yet. There is documentation of a previous 1/2/8/14 adverse determination. Gabapentin has been modified from #60 to # 30, due to lack of documentation for illegibility of current reports. Gabapentin was partially certified pending receipt of the referenced information. Ambien was not certified, because there was no evidence of sleep disturbances or sleep behavior modification. Flubiprofen with Lidoderm was also not certified, because guidelines do not support Flurbiprofen and Lidoderm in a topical formulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (09/11/13) Gabapentin 300mg qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Anti-epileptic drugs) Page(s): 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient is s/p craniotomy with ependymoma resection. He has ongoing neurological deficits with left-sided facial weakness and numbness. He also has ataxia, strabismus, headaches, and diplopia. He has been on Neurontin long-term for his chronic ongoing neuropathic pain due to his extensive neurological injury. Therefore, the request for retrospective (09/11/13) Gabapentin 300mg qty: 60.00 are medically necessary.

Retrospective (09/11/13) Ambien 10mg qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Ambien) and on the Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, there was documentation that the patient has been taking Ambien chronically, since at least 2012, if not before. In addition, there was no documentation of discussion of other alternatives to Ambien with this patient. Guidelines do not support the long-term use of sedative-hypnotics due to the risk of dependence, and can impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Therefore, the request for retrospective (09/11/13) Ambien 10mg qty: 30.00 are not medically necessary.

Retrospective (09/11/13) Flurbiprofen with Lidoderm 20ml qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There was no specific rationale provided as to why the patient needed this topical medication despite lack of guidelines support. Therefore, the request for retrospective (09/11/13) Flurbiprofen with Lidoderm 20ml qty: 1.00 is not medically necessary.