

Case Number:	CM14-0019313		
Date Assigned:	04/21/2014	Date of Injury:	05/12/1994
Decision Date:	07/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 Internal 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:

The patient is a 66 year old male who was injured on 05/12/1994. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing lumbar laminectomy and fusion. He has had a spinal cord stimulator. His medications include: 1. Gabapentin; 2. Lunesta; 3. Norco; 4. Omeprazole; 5. Xoten; 6. Vitamin D. There was no urine drug screen documented. Progress note dated 02/20/2014 documented the patient with complaints of neck pain that does not radiate to the upper extremities. He also complains of low back pain that radiates down bilateral lower extremities. The pain is aggravated by activity and walking. The patient reports activities of daily living limitations in self care, hygiene, ambulation and sleep. The patient reports that the use of anti-seizure class, H2 blocker, opioid pain, pain sleep aid, and topical analgesic medication is helpful. Objective findings on exam reveal the patient was observed to be in moderate distress and his gait was slow. Examination of the lumbar spine noted tenderness on palpation bilaterally in the paravertebral area at L4-S1 levels, bilaterally in the buttocks and in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Diagnoses: 1. Lumbar disc degeneration; 2. Chronic pain; 3. Lumbar facet arthropathy; 4. Lumbar post laminectomy syndrome; 5. Lumbar radiculopathy; 6. Status post fusion of lumbar spine; 7. Insomnia; 8. Status post spinal cord stimulator implant with good bilateral lower extremity coverage. UR report dated 01/17/2014 modified the request for Norco 5/325 mg #60 to #45 with the remaining 15 tablets not certified. Guidelines recommend opioids for short-term treatment and continuation of opioids is only appropriate with documented subjective and objective functional improvement. The patient indicated his medications were helpful, he noted limitations in activities of daily living including self-care and hygiene, activity, ambulation and sleep and reported pain levels of 10/10 with medications. Therefore due to a lack

of favorable response to treatment with Norco weaning is appropriate. The request for Vitamin D 2000 units #100 is certified because there was available documentation indicating the patient was deficient in vitamin D levels, which may contribute to the patient's chronic pain. The request for Lunesta 3 mg #30 was deemed not medically appropriate upon review of documentation. It is recommended for insomnia but has a potential for abuse and dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF GABAPENTIN 300MG, #60: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, 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. The guidelines further indicate that it is only recommended for three to eight weeks course of Gabapentin and without adequate pain control, guidelines recommend switching to another drug. In this case, this patient has chronic neck and back pain radiating down the bilateral lower extremities. The patient reports medications are helpful but the pain level reported was 10/10 with medications and 10/10 without medications. Given the lack of evidence of the efficacy of this medication in terms of pain relief on a VAS, decreased neuropathic pain complaints, and increased objective functionality, the continued use of Gabapentin is not supported by the guidelines and weaning process needs to be initiated.

PRESCRIPTION OF LUNESTA 3MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation; citation not specified.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: CA MATUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. Lunesta is a nonbenzodiazepine hypnotic agent and as per ODG, it is not recommended for long-term use, but recommended for short-term use for insomnia. The guidelines further recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. In this case, the patient has been diagnosed with insomnia secondary to chronic pain and has been prescribed this medication since November 2013. Thus, the continued use of Lunesta is not supported by the guidelines.