

Case Number:	CM14-0135547		
Date Assigned:	09/10/2014	Date of Injury:	03/04/2011
Decision Date:	12/04/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 50 years old man who fell on his right side on 3/4/2011. According to the latest clinical note attached, from May 16, 2014, he has bilateral shoulder, upper extremity, low back, and right hip pain. He has had bilateral shoulder surgery and bilateral ulnar and carpal tunnel release surgeries, He states he has 4/10 pain on Norco compared to 8/10 pain without it. His transcutaneous electrical nerve stimulation (TENS) unit provided relief also, but it is broken now. With the pain relief from these modalities, he is able to be more active. He only had one session of physical therapy for his shoulder. An exam is noted for good ambulation and tenderness at the right greater trochanter and lateral aspect of the hip with external rotation. His diagnoses include low back pain with radiculopathy, and bilateral shoulder and upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NUERONTIN 800 MG # 180 DOS 7/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin - Neurontin Page(s): 49.

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug which 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. Although his diagnoses include low back pain with radiculopathy, there is no documentation of neuropathic pain in this worker. According to the clinical notes, he has bilateral shoulder, upper extremity, low back, and right hip pain partially relieved with medications. The request is not medically necessary.

RETROSPECTIVE AMBIEN 10 MG # 60 DOS 7/9/14: 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, Hypnotics; Mental & Stress, Insomnia Treatment

Decision rationale: California Medical Treatment Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) do not address insomnia treatment. Per the Official Disability Guidelines (ODG), non-benzodiazepine sedative-hypnotics are first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the central nervous system (CNS). All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. There is no documentation of sleep disorder in this worker and the request is not medically necessary.

RETROSPECTIVE NORCO 10/325 MG # 360 DOS 7/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug List; Opioids, for chronic pain and criteria for use Page(s): 76-78; 80-81; 91.

Decision rationale: Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain and has been prescribed opioids. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) (as suggested by the World Health Organization [WHO] step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. There is no indication that non-opioid medications have been tried. Under the criteria for use of opioids, on-going management, actions should include: ongoing review and

documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. All of these criteria have not been documented. In addition, an opioid contract is optional, but has not been furnished. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available. The request is not medically necessary.