

Case Number:	CM14-0169462		
Date Assigned:	10/17/2014	Date of Injury:	04/01/1996
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 injured worker (IW) is a 71-year-old man with a date of injury of April 1, 1996. The IW hit a pothole while driving his truck. He suffered a jerking motion and whiplash injury to his neck. He developed severe pain in his neck. The pain began radiating down his upper left extremity. Pursuant to the progress report dated September 22, 2014, the IW complains of cervical pain with exam showing cervical tenderness and restricted range of motion with a negative Spurling's maneuver. The maneuver produces no pain in the neck musculature or radicular symptoms in the arm. All upper limb reflexes are equal and symmetric. The lumbar spine was not addressed in the physical examination note dated September 22, 2014, and decreased left side little finger sensation. Diagnoses include: Cervical and lumbar radiculopathy. Cervical disc disorder, and lumbosacral degenerative disc. Current medications include: Relafen, Norco, Ambien, and Neurontin for neuropathic pain complains. Medications have improved his function and activity tolerance. He is able to perform ADL's and self-care as well as light house chores. Plan of care includes: Continue medication management, and request for authorization of cervical epidural steroid injection (CESI). Last CESI was January 2014, which decreased his pain and headaches by up to 95%, with some pain relief lasting up to 3 months with gradual return of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: 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 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Gabapentin

Decision rationale: Pursuant the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg #90 (gabapentin) is not medically necessary. Gabapentin (Neurontin) an antiepileptic drug which has been shown to be effective for treatment of diabetic neuropathy and post-herpetic neuralgia and been considered as a first-line treatment for neuropathic pain. In this case, the injured worker is a 71-year-old with a diagnosis of cervical and lumbar radiculopathy. However, the physical examination dated September 22 of 2014 did not contain evidence of cervical radiculopathy. Spurling's test was negative and there were no neurologic findings compatible with radiculopathy. Additionally, there was no low back or lumbar examination and no evidence of clinical lumbar radiculopathy. Neurontin is indicated as a first-line treatment for neuropathic pain. Physical examination, completed on September 22, 2014, did not show evidence of neuropathic symptoms. Based on the clinical symptoms in the medical record and the peer-reviewed evidence-based guidelines, Neurontin 600 mg #90 (gabapentin) is not medically necessary.

Ambien 10mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Treatment in Workers Compensation, 5th edition, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Zolpidem (Ambien)

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem (Ambien) is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic approved for short-term, usually 2 to 6 weeks, and treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is hard to obtain. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. It can be habit forming, may impair function and memory more than opiates. In this case, the injured worker has been taking Ambien for an unknown length of time. The injured worker has been "paying out-of-pocket". Ambien is a short-term sleep inducing medication meant to be taken for 2 to 6 weeks for the treatment of insomnia. The injured worker has exceeded the 2 to 6 week threshold. Ambien is rarely prescribed for the long-term in contravention of the guidelines. Consequently, Ambien is not medically necessary. Based on the clinical information in the medical record and a peer-reviewed evidence-based guidelines, Ambien is not medically necessary.

