

Case Number:	CM14-0177857		
Date Assigned:	10/31/2014	Date of Injury:	12/16/2008
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 61 year old with date of injury 12/16/2008. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, lumbosacral spondylosis, and complete rotator cuff rupture. MRI of lumbar spine and cervical spine 7/14/12 show multiple levels of disc protrusion, spinal cord narrowing, neuroforaminal narrowing, facet arthropathy of cervical spine, facet hypertrophy of lumbar spine, thecal sac or spinal cord abutment to cervical spine and thecal sac compression and nerve root compression to lumbar spine. S/p right shoulder surgery in 2012. Subjective complaints include pain in neck, lower back, and bilateral shoulders described as numbness, pins and needles. Pain is constant and radiates to left leg and is rated 7/10 on the pain scale without pain meds. Pain improves with walking. Pain is worse when rising from sitting position, leaning forward, lying on side, or looking up. Constipation and dry mouth are reported as medication side effects. Reports duration of medications lasting 2-6 hours. Patient also complains of anxiety and depression. Objective findings include abnormal lumbar range of motion (ROM), and pain with ROM. Straight leg raise negative. Slump Test negative. Patrick Test positive on right and left. Reverse Thomas Test: right positive, left positive. Lower extremity neurological exam 2+ bilateral knees, 2+ bilateral ankles. Tenderness to palpation over lumbar facet joints. Treatment has consisted of rest, immobilization, home exercise program, PT, trigger point injections and ADCF. Medications have included Gabapentin, Zolpidem, Ketoprofen, Laxacin, Vicodin, Genocin, Colace, Omeprazole, Norco, Robaxin, Tramadol, Pamelor, and Naprosyn. The utilization review determination was rendered on 10/2/14 recommending non-certification of Norco tablets 10/325, #90, Ambien 10mg tablets, #15, and Neurontin 600mg tablets, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition the treating physician does not provide documentation of behavioral evaluation, CURES report, or urine drug screen. No submitted pain contract or pill count. As such, the question for Norco 325/10mg # 120 is not medically necessary.

Ambien 10mg tablets, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online edition Chapter: Pain, Zolpidem (Ambien)

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

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as January 2013, exceeding the recommendation for 2-6 weeks of treatment. There has been no discussion of the patient's sleep hygiene or the need for variance from these guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical

documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg tablets, #15 is not medically necessary at this time.

Neurontin 600mg tablets, #120: 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 Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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". Based on the clinical documentation provided, the treating physician does not document diabetic painful neuropathy or postherpetic neuralgia. The treating physician does document neuropathy but the treating physician did not document improved functionality and decreased pain after starting Gabapentin. As such, Neurontin 600mg tablets, #120 is not medically necessary.