MAXIMUS Federal Services

Case Number:	CM14-0183511		
Date Assigned:	11/10/2014	Date of Injury:	09/10/2009
Decision Date:	12/26/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 36 year old male with date of injury 9/10/09. The treating physician report dated 10/13/14 indicates that the patient presents with pain affecting the lumbar spine rated a 9/10, left knee pain is a 6/10 and left ankle pain is an 8/10. The patient is taking Norco, Ambien and Gabapentin. The physical examination findings state, "No new motor or sensory deficit." The current diagnosis is Pelvic sacral fracture with ORIF and hardware removal. The utilization review report dated 10/23/14 denied the request for Gabapentin 300mg tid #50, Norco 10/325mg q8h #84 and Ambien based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg TID #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Medications for chronic pain Page(s): 49, 60,61.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, left knee and left ankle. The current request is for Gabapentin 400mg TID #50. The treating physician

report dated 10/13/14 simply states, "MEDS: Norco, Ambien, Gabapentin Refill. Cont Meds and f/u 1 month." In reviewing the reports submitted for review the patient has been prescribed Gabapentin since at least 5/12/14. None of the reports submitted for review give any information regarding the patient's response to medication usage. There is no discussion regarding functional improvement or change in work restrictions with medication usage. The California MTUS guidelines support Gabapentin for neuropathic pain. In this case the patient has not been diagnosed with neuropathic pain and the treating physician has failed to follow MTUS page 60 which states that the physician is to provide a record of pain and function with the medication. Treatment is not medically necessary and appropriate.

Norco 10/325mg Q8H #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, left knee and left ankle. The current request is for Norco 10/325mg Q8H #84. The treating physician report dated 10/13/14 simply states, "MEDS: Norco, Ambien, Gabapentin Refill. Cont Meds and f/u 1 month." In reviewing the reports submitted for review the patient has been prescribed Norco since at least 5/12/14. None of the reports submitted for review give any information regarding the patient's response to medication usage. California MTUS supports the usage of Norco for moderate to moderately severe pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater in this case has failed to document the patient's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, the requested treatment is not medically necessary and appropriate.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

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 chapter, Insomnia treatment

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, left knee and left ankle. The current request is for Ambien. The treating physician report dated 10/13/14 simply states, "MEDS: Norco, Ambien, Gabapentin Refill. Cont Meds and f/u 1 month." In reviewing the reports submitted for review the patient has been prescribed Ambien since at least 5/12/14. None of the reports submitted for review give any information regarding the patient's response to medication usage. The current request does not specify a quantity or duration for the Ambien request. Ambien (Zolpidem) is not addressed in the MTUS guidelines. The Official Disability Guidelines (ODG) guidelines state that Zolpidem is approved for the short-term (7-10 days) for treatment of insomnia. The patient has been using Ambien for at least 5 months which is not supported by the ODG guidelines. The requested treatment is not medically necessary and appropriate.