

Case Number:	CM14-0020758		
Date Assigned:	06/11/2014	Date of Injury:	06/17/2008
Decision Date:	07/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 27-year-old female with a 6/17/08 date of injury. At the time (1/22/14) of the request for authorization for Ambien 10 mg #15 - 1 tablet orally every other night as needed for insomnia and Gabapentin 300 mg #180 - 2 capsules orally 3x daily, there is documentation of subjective (pain in the shoulder area, particularly with overhead movements) and objective (tenderness in the acromion, active abduction 160, passive abduction 170, forward flexion 170, and positive Cross Arm and Impingement) findings, current diagnoses (impingement syndrome), and treatment to date (medication including Ambien and Gabapentin for at least 6 months). Regarding Ambien 10 mg #15 - 1 tablet orally every other night as needed for insomnia, there is no documentation of insomnia; the intention to treat over a short course (less than two to six weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ambien. Regarding Gabapentin 300 mg #180 - 2 capsules orally 3x daily, there is no documentation of neuropathic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG #15 - 1 TABLET ORALLY EVERY OTHER NIGHT AS NEEDED FOR INSOMNIA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of impingement syndrome. However, there is no documentation of insomnia. In addition, given ongoing use of sleep aids, there is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 mg #15 - 1 tablet orally every other night as needed for insomnia is not medically necessary.

GABAPENTIN 300 MG #180 -2 CAPSULES ORALLY 3X DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of impingement syndrome. In addition, there is documentation of treatment with Gabapentin for at least 6 months. However, there is no documentation of neuropathic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Neurontin. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 300 mg #180 - 2 capsules orally 3x daily is not medically necessary.

