

Case Number:	CM14-0030392		
Date Assigned:	06/20/2014	Date of Injury:	02/24/2008
Decision Date:	08/26/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/06/2014

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:

Patient is an injured worker with neck, back, and upper extremity conditions. Date of injury was 02-24-2008. Primary treating physician's progress report dated February 7, 2014 was provided by [REDACTED]. Subjective complaints were documented. The patient does not tolerate gabapentin well, which makes her tired and sleepy. Low back affects her sleep and daily activities. She continues using techniques that she learned in function restoration program but still has significant difficulty controlling the pain. Patient describes the low back pain as constant, stabbing and pressure-like and averages at 6-7 on a scale from one to ten in intensity. The pain radiates to her left buttock and thigh and right buttock and hip. She reports gripping sensation in her left buttock. She feels numbness in her calf and foot. Patient is doing relatively well in terms of her neck. She uses a cervical neck pillow, which helps to eliminate the pain. She still has pinching sensation in her neck, but changing positions help to control the pain. She uses techniques that she learned in physical therapy. She underwent the cervical radiofrequency ablation neurotomy on 04/19/13. She is more functional on medications. There is no aberrant drug behavior. Physical examination was documented. Neck examination revealed mild tenderness to palpation at the cervical paraspinal muscles. Neck range of motion was limited to 70% of normal limits. Examination of her left shoulder revealed well healed surgical scars. Range of motion was normal, but with mild discomfort. Motor strength was 5/5 in both upper extremities, except the left rotator cuff muscles, which were 4+-5-/5. Deep tendons reflexes were 2+ bilaterally. Phalen's testing was positive on the left there was moderate tenderness to palpation at the lumbo-sacral and sacroiliac area. Range of motion was limited in all directions. There was pain with oblique extension. Manual muscles testing revealed the muscle strength 5/5 in her low extremities muscles, except the right hip flexion 4+/5 and big toe extension 4/5. Sensory exam revealed decreased sensation to pin prick in L5 and S1 levels of dermatomal

distribution. Deep tendon reflexes were 1+ at the knees and trace at the ankles. Diagnoses were status post L5-S1 laminectomy discectomy 1998, lumbar degenerative disk disease, lumbar radiculopathy, cervical disk protrusions, C6-7 spinal central stenosis, cervical facet arthropathy, carpal tunnel syndrome status post carpal tunnel release (CTR) bilaterally, slight right ulnar sensory neuropathy at wrist, status post left shoulder surgery. Treatment plan included MRI of the lumbar spine, transcutaneous electrical nerve stimulation (TENS) unit, Gralise 300 mg 2 pills PO QD, Ambien 5 mg at night, Norco 10/325 mg PO BID -TID #60, Colace 100 mg PO BID #60. Progress reports 10-25-2013, 12-06-2013, and 01-09-2014 documented prescriptions for Gralise and Ambien. She is not currently working. Utilization review decision date was 03-06-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise ER 300 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 49.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Pain Medical Treatment Guidelines states that Gabapentin is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The patient's diagnoses were status post L5-S1 laminectomy discectomy 1998, lumbar degenerative disk disease, lumbar radiculopathy, cervical disk protrusions, C6-7 spinal central stenosis, cervical facet arthropathy, carpal tunnel syndrome status post carpal tunnel release bilaterally, slight right ulnar sensory neuropathy at wrist, status post left shoulder surgery. Progress reports 10-25-2013, 12-06-2013, 01-09-2014, and 02-07-2014 documented prescriptions for Gralise (Gabapentin). The medical records and MTUS guidelines support the medical necessity of Gabapentin (Gralise). Therefore, the request for Gralise ER 300 mg #60 is medically necessary.

Ambien 5 mg #30: Upheld

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

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

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Ambien. Official Disability Guidelines (ODG) states that Ambien is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of

time. Progress reports 10-25-2013, 12-06-2013, 01-09-2014, and 02-07-2014 documented prescriptions for Ambien. Medical records indicate that the patient has been on her medication regimen long-term. ODG guidelines states that Ambien should be used for only a short period of time. Long-term used of Ambien is not recommended. Therefore, the request for Ambien 5 mg #30 is not medically necessary.