

<b>Case Number:</b>	CM14-0044692		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/12/2000
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 52-year-old male with a 12/12/2000 date of injury, and status post discectomy and fusion at C5-C6 in 2001. At the time (4/1/14) of request for authorization for Ambien 10mg #60, Gabapentin 800mg #180, and Imitrex 50mg #90, there is documentation of subjective (neck pain that radiates to right arm down to hand and left arm pain and headaches that occur about five times a month) and objective (reflexes of upper extremities 2+, strength good, positive Spurling's on right, and slight Spurling's on left) findings. Current diagnoses (chronic neck pain, discectomy and fusion at C5-C6 in 2001 and minimal low back pain). Treatment to date (medications including Ambien, Gabapentin, and Imitrex since at least 10/30/12 with improvement in function with medications). Regarding Ambien, there is no documentation of insomnia and the intention to treat over a short course. Regarding Imitrex, there is no documentation of migraines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Ambien 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, discectomy and fusion at C5-C6 in 2001 and minimal low back pain. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 10/30/12, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #60 is not medically necessary.

**One prescription for Gabapentin 800mg #180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**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 chronic neck pain, discectomy and fusion at C5-C6 in 2001 and minimal low back pain. In addition, there is documentation of neuropathic pain. Furthermore, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 800mg #180 is medically necessary.

**One prescription for Imitrex 50mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

**Decision rationale:** MTUS does not specifically address this issue. 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. ODG states that Triptans are recommended for migraine sufferers. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, discectomy and fusion at C5-C6 in 2001 and minimal low back pain. In addition, there is documentation of headaches that occur about five times a month. Furthermore, given documentation of records reflecting prescriptions for Imitrex since at least 10/30/12, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of use to date. However, there is no documentation of migraines. Therefore, based on guidelines and a review of the evidence, the request for Imitrex 50mg, #15 is not medically necessary.