

Case Number:	CM14-0052026		
Date Assigned:	07/07/2014	Date of Injury:	06/11/1985
Decision Date:	12/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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:

This female worker was injured on June 11, 1985. The mechanism of injury is unknown. Current diagnoses include trochanter bursitis right hip and failed back syndrome. On June 18, 2013, pain levels were noted to be increasing despite medication. On February 11, 2014, she reported ongoing back pain located in the lower back with radiation down both legs. She exhibited hyperlordosis. There was tenderness in the posterior superior iliac spine bilaterally. Straight leg raise was mildly positive at 90 degrees bilaterally. There was diminished sensation in L4 and L5 on the left. Medications were listed as treatment for the pain. The medical record was lacking any additional current information. A request was made for Zolpidem Tartrate 10 mg, Gabapentin 300 mg #120 refill 0, Bisacodyl 5mg #60 refill 0 and Opana 5 mg. On March 24, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg: 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) 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 (Chronic), Ambien

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this instance, there is no quantity specified for Ambien and it is unclear if this is a new prescription or a refill. Because the guidelines cited are very clear regarding the use of Ambien in terms of duration, Zolpidem Tartrate 10mg, quantity unspecified, was not medically necessary.

Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 111-113.

Decision rationale: Gabapentin (Neurontin, Gabarone, generic available) 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. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. It may be used on a trial basis for lumbar spinal stenosis but there are no studies supporting its use for radiculopathy pain. In this instance, there is inadequate information provided to know if this represents a new prescription or a refill. If this is a refill, we don't know how long it has been in use or what kind of response the injured worker has had as a consequence of taking the medication. A trial period of Gabapentin is usually recommended with a titration of the dose upwards as tolerated followed by 2 weeks at the highest dose. At that point, the patient is asked if there have been improvements in pain or functionality. In this case, the actual diagnosis associated with the gabapentin use is not given (i.e. lumbar radiculopathy or spinal stenosis). Additionally, the directions were to take the gabapentin every 6 hours as needed. As needed or 'prn' dosing does not allow for an adequate trial for assessing response. Consequently, Gabapentin 300mg #120 was not medically necessary.

Opana 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those requiring chronic opioid treatment with medication such as Opana require ongoing assessment of pain relief, functionality, adverse side effects, and any aberrant drug taking behavior. Patients are usually asked about their worst pain levels, least pain, average pain, duration of analgesia from medication, and time for onset of analgesia from medication. The guidelines allow for continued use of opioids if the injured worker has regained employment or has improvements in pain and functionality as a consequence of the medication. In this instance, the records provided do not reveal questioning regarding pain or functionality. Additionally, the request for Opana does not specify a quantity, a fact which does not allow for month-to-month comparison. Therefore, Opana 5 mg was not medically necessary per the referenced guidelines.