MAXIMUS Federal Services

Case Number:	CM14-0052905		
Date Assigned:	07/07/2014	Date of Injury:	07/08/2002
Decision Date:	08/08/2014	UR Denial Date:	03/20/2014
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 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 71-year-old male with a 7/8/02 date of injury. At the time (3/19/14) of request for authorization for Ambien (Zolpidem) 5 mg #30 and Neurontin (Gabapentin), there is documentation of subjective (neck pain radiating into upper extremities with pain, paresthesia, and numbness, bilateral shoulder pain with decreased range of motion and strength, and lumbar spine pain radiating into the lower extremities) and objective (spasm, tenderness, and guarding noted in paravertebral musculature of cervical and lumbar spine with loss of range of motion in both, decreased sensation noted bilaterally in C5 and S1 dermatomes, shoulders show mild impingement and Hawkins signs with decreased range of motion on flexion and abduction to less than 120 degrees bilaterally, and strength in bilateral deltoids 4/5) findings, current diagnoses (cervical radiculopathy, lumbosacral radiculopathy, and shoulder impingement), and treatment to date (medications (including ongoing treatment with gabapentin and Ambien since at least 9/19/13)). Regarding Ambien, there no is documentation of insomnia, the intention to treat over a short course, and 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 as a result of Ambien use to date. Regarding Neurontin, 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 as a result of Neurontin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (Zolpidem) 5 mg #30: 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), Treatment Index, 12th edition (web), 2014, Pain- Zolpidem.

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: The MTUS does not 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 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 cervical radiculopathy, lumbosacral radiculopathy, and shoulder impingement. However, there no is documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 9/19/13, there is no documentation of the intention to treat over a short course (less than two to six weeks) and 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 as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien (Zolpidem) 5 mg #30 is not medically necessary.

Neurontin (Gabapentin): Upheld

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

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

Decision rationale: The 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 cervical radiculopathy, lumbosacral radiculopathy, and shoulder impingement. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Neurontin, 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 as a result of Neurontin use to date. Therefore, based on guidelines and review of the evidence, the request for Neurontin (Gabapentin) is not medically necessary.