MAXIMUS Federal Services

| Case Number: | CM14-0067576 | | |
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| Date Assigned: | 07/11/2014 | Date of Injury: | 05/17/2001 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/11/2014 |

## 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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2001.Thus far, the applicant has been treated with analgesic medications; sleep aide, adjuvant medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy; and psychological counseling.In a utilization review report dated April 29, 2014, the claims administrator partially certified a request for gabapentin, apparently for weaning purposes, and also denied a request for Ambien. The claims administrator stated that the applicant had been using Ambien since September 2012.The applicant's attorney subsequently appealed.On June 17, 2014, the applicant presented with persistent complaints of 5/10 low back pain radiating to the bilateral legs. The applicant's pain was getting worse. The applicant was status post multiple carpal tunnel release surgeries, left and right, and prior spine surgeries in March and May 2011. The applicant was not exercising due to pain, it was stated. The applicant was "not currently working," it was further acknowledged. Dilaudid, Neurontin, and Ambien were prescribed. In an early note dated May 9, 2014, it was again stated that the applicant was not working. The applicant was using Dilaudid 4 mg up to four times daily. 3-5/10 pain was noted. Burning pain about the legs was also noted. The applicant was using gabapentin 400 mg eight times daily and Ambien, it was further noted. The applicant's low back pain was reportedly getting worse, as was his elbow pain. The applicant reported fatigue, sleep problems, irritability, anxiety and depression, all of which he attributed to his pain complaints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 400mg #240:** Upheld

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

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether or not there have been improvements in pain and/or function with the same. In this case, however, the attending provider has not outlined any tangible, concrete, or material improvements in pain and/or function with ongoing gabapentin usage. The applicant is off of work. The applicant's pain complaints are really heightened, as opposed to reduced, from visit to visit, despite ongoing gabapentin usage. Therefore, the request is not indicated as this does not appear that the applicant is achieving the requisite improvements in pain and/or function with gabapentin. Therefore, the request is not medically necessary.

**Ambien 10mg #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), Pain (Chronic): Zolpidem; ODG, Pain (Chronic): Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation FDA Ambien Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider is seemingly employing Ambien for chronic, long-term, and scheduled use purposes for anxiety, depression, and insomnia. This is not an FDA-approved indication for the same. No applicant-specific rationale or medical evidence was furnished so as to offset the unfavorable FDA position on the same. Therefore, the request is not medically necessary.