

Case Number:	CM14-0071866		
Date Assigned:	07/16/2014	Date of Injury:	05/17/2011
Decision Date:	08/29/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48-year-old male who reported an unknown injury on 05/17/2011. On 04/04/2014, his diagnoses included sartorius muscle tear of the left thigh, status post surgical repair; cutaneous nerve of the femoral nerve injury; left thigh with complete sensory deficit and burning dysesthesia; osteoarthritis of both knees; and medial and lateral meniscus tears of the right knee, status post arthroscopic partial medial and lateral meniscectomy. On 12/06/2013, his medications included Ambien 5 mg and Neurontin 600 mg. There was no Request for Authorization or rationale included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Zolpidem 5mg #60 (DOS 3-20-14): Upheld

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

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

Decision rationale: The request for the retrospective usage of zolpidem 5 mg #60 with a DOS of 03/20/2014 is non-certified. Zolpidem is a short-acting nonbenzodiazepine hypnotic which is approved for the short-term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills and so-called minor tranquilizers are commonly prescribed for chronic pain, they are rarely, if ever, recommended for long-term use. They can be habit-forming and may impair function and memory more than opioid pain relievers. There was also concern that they may increase pain and depression over the long-term. Zolpidem has been linked to sharp increases in emergency room visits, so it should be used safely only for a short period of time. This injured worker does not have a diagnosis of insomnia. There was no documentation regarding any improved sleep quality or improved functional abilities with the use of zolpidem. The documentation shows that this worker has been using zolpidem since 12/06/2013, which exceeds the guideline recommendations. The request is not medically necessary.

Retrospective usage of Gabapentin 600mg #60 (DOS 3-20-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs) Page(s): 49; 16-22.

Decision rationale: The request for the retrospective usage of gabapentin 600 mg #60 with a DOS of 03/20/2014 is non-certified. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. A change to a different first-line agent or combination therapy may be indicated if the pain reduction response is less than 30%. Gabapentin specifically has been considered as a first-line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. There is no documentation that this injured worker has complex regional pain syndrome or postherpetic neuralgia. The request is not medically necessary.

Prospective usage of Zolpidem 5mg #60: Upheld

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

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

Decision rationale: The request for the prospective usage of zolpidem 5 mg #60 is non-certified. Zolpidem is a short-acting non-benzodiazepine hypnotic which is approved for the short-term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills and so-called minor

tranquilizers are commonly prescribed for chronic pain, they are rarely, if ever, recommended for long-term use. They can be habit-forming and may impair function and memory more than opioid pain relievers. There was also concern that they may increase pain and depression over the long-term. Zolpidem has been linked to sharp increases in emergency room visits, so it should be used safely only for a short period of time. This injured worker does not have a diagnosis of insomnia. There was no documentation regarding any improved sleep quality or improved functional abilities with the use of zolpidem. The documentation shows that this worker has been using zolpidem since 12/06/2013, which exceeds the guideline recommendations. The request is not medically necessary.

Prospective usage of Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Antiepilepsy drugs (AEDs) Page(s): 49; 16-22.

Decision rationale: The request for the prospective usage of gabapentin 600 mg #60 is non-certified. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. A change to a different first-line agent or combination therapy may be indicated if the pain reduction response is less than 30%. Gabapentin specifically has been considered as a first-line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. There is no documentation that this injured worker has complex regional pain syndrome or postherpetic neuralgia. The request is not medically necessary.