

Case Number:	CM14-0087512		
Date Assigned:	07/23/2014	Date of Injury:	01/02/2006
Decision Date:	09/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 55-year-old male with a 01/02/06 date of injury. The operative report dated 12/03/13 states the patient complains of back pain and leg pain, failed conservative treatment. L5-S1 lumbar transforaminal arthrodesis with hemilaminectomy and discectomy was performed with the use of cage and bone graft material. The progress report dated 05/28/14 state that the patient is still complaining of significant amount of pain, has difficulty with sitting standing and walking. He states that his pain is not significantly improved after the operation. X-ray studies of the lumbar spine showed no evidence of any movement at the operated side with the metallic implants; however, there was no evidence of solid bony fusion. The report states that the physician will wait for the 12 sessions of physical therapy to finish; the patient has already had 18 sessions of postoperative physical therapy. The patient is also complaining of neck pain, which is not improved. The diagnoses include hand sprain/strain, shoulder tendinitis/bursitis, wrist tendinitis/bursitis, knee sprain/strain, cervical radiculopathy, and lumbosacral radiculopathy. The physician states that he would like to place the patient on anti-depression medication to control his affect, which is likely to reduce his pain as well. He states that he patient does have evidence of a blunt affect, and this may be complicating the patient's post-operative recovery along with depression. 20 mg of Paxil once a day is being requested. The report dated 03/19/14 states that the patient complaining of increased neck pain radiating into the upper extremities, right wrist pain with numbness and weakness. Positive Phalen's and reverse Phalen's are noted in the right wrist with decreased grip strength. He is using a right wrist brace. There is spasm and tenderness in the paravertebral musculature of the cervical spine. Regarding Norco, the report states, "The patient notes reduction in analgesia of at least 30 to 40% and improved functional capacity with activities of daily living." No reported adverse side effects, no suspicion of aberrant behavior." The progress report dated 04/30/14 states that the patient has

been prescribed Ambien for sleep disturbance. He's complaining of difficulty falling asleep. He has been counseled regarding appropriate sleep hygiene, including reduction caffeine intake in the evening, reducing stimulants, appropriate behavioral modifications, and appropriate sleep times. The progress report dated 06/25/14 states the patient continues to have low back pain radiating into the lower extremities with numbness and weakness. The report states that the patient continues to have significant anxiety and depression secondary to chronic pain and loss of function. On exam he is in visible discomfort, wearing a lumbar support. Significant spasm and tenderness are noted in the paravertebral musculature of his lumbar spine with decreased range of motion on flexion and extension. He is ambulating with antalgic gait at one point cane. The patient indicates that his wife has to help in facilitating his activities of daily living. The patient states that he received two trigger point injections into the musculature of the lumbar spine two weeks ago. There is a negative pre-operative UDS report dated 11/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

Decision rationale: The previous determination was reviewed. In order to initiate weaning, it had modified the request to certification of one prescription of Neurontin 300 mg #81 between 5/7/14 and 7/15/14. The medical documentation provided with the request does not meet the guideline criteria, which states that change in pain or function from Gabapentin therapy should be documented during each office visit, while the patient is undergoing a 3 to 8 week titration trial. This has not been documented per examination reports provided. In addition, guidelines state that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Less than 30% reduction in pain should initiate either a switch to a different first-line agent or combination therapy if treatment with single drug agent fails. The physician does not describe the percentage of pain relief achieved from a non-combined therapy with Neurontin, and there is no ongoing, systematic documentation of pain relief and function improvement. Therefore, this request is not medically necessary.

Ambien 5 mg #30 with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien (Zolpidem) and <http://www.drugs.com/pro/ambien.html>.

Decision rationale: The California MTUS does not address Ambien. Guidelines do not recommend treatment of insomnia for longer than 6 weeks, and state that hypnotics should generally be limited to 7 to 10 days of use and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks; Ambien should not be prescribed in quantities exceeding a 1-month supply. The prescription for Ambien 5 mg #30 with two refills is clearly in excess of the mentioned guidelines and therefore, this request is not medically necessary.

Paxil 20 mg #30 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis, which was not included in the records. The requesting physician states "blunt affect", but does not describe symptoms or their duration to substantiate a psychiatric diagnosis based on DSM-IV criteria. Therefore, this request is not medically necessary.