

Case Number:	CM14-0188244		
Date Assigned:	11/18/2014	Date of Injury:	11/19/2008
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 61 year old male patient who sustained a work related injury on 11/19/2008. Patient sustained the injury due to cumulative trauma. The current diagnoses include back pain with left radicular symptoms, bilateral knee replacements, carpal tunnel syndrome, constipation, migraine and depression. Per the doctor's note dated 11/6/14, patient has complaints of worsening of back pain, weakness in legs, bilateral knee pain and neck pain at 9/ 10, best at 4/10 with his medications, 10/10 without the medications. Physical examination revealed 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications, limited range in all planes, motor strength, sensation, and deep tendon reflexes were grossly intact in the lower extremities with the exception of altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot, ambulates with a limp, deep tendon reflexes remains +1 at the knees and ankles, toes were down going to plantar reflex testing bilaterally. Physical examination of the bilateral knee revealed full active range in both knees, laxity in all planes consistent with his knee replacements, swelling in both knees. Physical examination of both hands revealed positive Phalen's and Tinel's signs, Finkelstein maneuvers were negative. He do not have any suicidal ideation and affect was appropriate. The current medication lists include Imitrex, Norco, Zoloft, Neurontin, Colace, Lyrica, Ibuprofen and Ambien. He uses Neurontin 600 mg at night for neuropathic pain. He is also using Zoloft daily for depression. He takes Imitrex occasionally for his back and tension-type headaches, which he finds helpful. The patient has had MRI of the low back that revealed fusion at L4-L5 solid with foraminal stenosis below the fusion site; X-ray of the bilateral knee that revealed knee replacements with loosening of the hardware in the left knee; EMG/NCV that revealed carpal tunnel syndrome bilaterally; Endoscopy on 06/11/13 that showed 6 ulcers in the duodenum; EMG/nerve study of both lower extremities which revealed a chronic left SI radiculopathy. The patient's surgical history include fusion at L4-L5; Bilateral knee replacements; and ESI with temporary relief.

The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

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-pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Zolpidem

Decision rationale: Zolpidem is a short-acting nonbenzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 6 years ago. The duration of previous use of the zolpidem was not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10mg #30 is not fully established in this patient.

Imitrex 100mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 08/11/14) Triptans Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex-FDA Labeled indications; Drug- Sumatriptan Migraine, acute, With or without aura

Decision rationale: Sumatriptan is used to treat migraine headaches in adults, with or without aura. MTUS guideline does not specifically address this issue. Hence ODG and Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of drug- Sumatriptan includes Migraine, acute, with or without aura Any evidence of Migraine was not specified in the records provided The rationale for the use of Sumatriptan was not specified in the records provided A detailed history and physical examination related to headache was not specified in the records provided. The dose, duration and response to other medications for acute migraine (

NSAIDS) are not specified in the records provided. A detailed neurological examination is not specified in the records provided. Any imaging study for headache is not specified in the records provided. The medical necessity of the request for Imitrex 100mg #9 is not fully established in this patient.

Lyrica 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16,19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)". Regarding lyrica/ pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Per the doctor's note dated 11/6/14, patient has complaints of worsening of back pain, weakness in legs, bilateral knee pain and neck pain at 9/ 10, best at 4/10 with his medications, 10/10 without the medications , altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot, ambulates with a limp, deep tendon reflexes remains +1 at the knees and ankles. Physical examination of both hands revealed positive Phalen's and Tinel's signs The patient has had MRI of the low back that revealed fusion at L4-L5 solid with foraminal stenosis below the fusion site; X-ray of the bilateral knee that revealed knee replacements with loosening of the hardware in the left knee; EMG/NCV that revealed carpal tunnel syndrome bilaterally; EMG/nerve study of both lower extremities which revealed a chronic left SI radiculopathy. The patient's surgical history include fusion at L4-L5; Bilateral knee replacements; and ESI with temporary relief. He was using an ambulatory walker. The patient therefore has chronic myofascial pain along with neurological involvement It is deemed that Lyrica 100mg #30 is medically appropriate and necessary in this patient.