

Case Number:	CM14-0200135		
Date Assigned:	12/03/2014	Date of Injury:	12/13/2007
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Practice, 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 47 year old male patient who sustained a work related injury on 12/13/2007. Patient sustained the injury when he was delivering sheetrock using a forklift; the back wheels of the forklift came off the ground and then slammed down hard onto the ground. The current diagnoses include displacement of lumbar intervertebral disc without myelopathy and depressive disorder. Per the doctor's note dated 10/30/14, patient had complaints of back pain. Physical examination of the low back revealed difficulty in arising from a chair and stiffness on standing and walking, paresthesias and pain in legs. The current medication lists include Senna 8.6, amitriptyline HCL 25 mg, MS Conlin 15 mg, Ambien CR 12 mg, Soma 350 mg, docusate sodium 100 mg, Cymba Ita 60 mg, gabapentin 800 mg and oxaprozin 600 mg. The patient has had CT myelogram on 3/15/12 that revealed Mild circumferential spinal canal narrowing L3-4, spinal canal and other levels were widely patent, mild left neuroforaminal narrowing L4-5 from osteophytes, Fusion L3-4, L4-5 with good vertebral body alignment. Interval operative changes L3 through L5; MRI of the low back 29/12 that revealed Interval operative changes L3 through L5 and evaluation of pathology L3-4 severely limited secondary to hardware. He had two lumbar epidural injections in June and July of 2008 which provided only temporary improvement. A surgical history includes L4-5 bilateral discectomy on 10/24/2008, 3 knee surgeries, hernia repair, and an L3-4 and L4-5 disc replacement on 07/01/2010. The patient has received an unspecified number of PT visits for this injury. He has had a urine drug toxicology report on 11/04/14 that was consistent for Morphine and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 1200 mg a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-19.

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

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/Gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.... Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." Per the doctor's note dated 10/30/14, patient had complaints of back pain and physical examination of the low back revealed difficulty in arising from a chair and stiffness on standing and walking, paresthesias and pain in the legs. He had two lumbar epidural injections in June and July of 2008 and the surgical history includes L4-5 bilateral discectomy on 10/24/2008, 3 knee surgeries, hernia repair, and an L3-4 and L4-5 disc replacement on 07/01/2010. The patient has chronic pain with symptoms suggestive of neuropathic pain. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or anti-epileptics like Gabapentin/Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 1200mg a day in patients with this clinical situation therefore the request is deemed medically necessary.

Soma 1 po qhs #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29; 63.

Decision rationale: As per cited guideline "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP"Per the doctor's note dated 10/30/14, patient had complaints of back pain and physical examination of the low back revealed difficulty in arising from a chair and stiffness on standing and talking, paresthesias and pain in legs. He had two lumbar epidural injections in June and July of 2008 and the surgical history includes 2 back surgeries-L4-5 bilateral discectomy on 10/24/2008, and an L3-4 and L4-5 disc replacement on 07/01/2010. The patient has significant objective findings including muscle stiffness. The patient has conditions that are prone to getting intermittent exacerbations. The use of Soma 1po qhs #30 is medically necessary and appropriate in this patient.

Ambien CR 12.5 #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 Chapter, Insomnia Treatment

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 5 years ago. 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 CR 12.5 #30 is not fully established in this patient.

Oxaprozin 600 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Oxaprozin belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Oxaprozin for this injury. Per the doctor's note dated 10/30/14, patient had complaints of back pain and physical examination of the low back revealed difficulty in arising from a chair and stiffness on standing and walking, paresthesias and pain in legs. He had two lumbar epidural injections in June and July of 2008 and a surgical history includes L4-5 bilateral discectomy on 10/24/2008, 3 knee surgeries, hernia repair, and an L3-4 and L4-5 disc replacement on 07/01/2010. NSAIDs like Oxaprozin are first line treatments to reduce pain. Oxaprozin 600 mg #30 use is deemed medically appropriate and necessary in this patient.