

Case Number:	CM15-0000040		
Date Assigned:	01/26/2015	Date of Injury:	09/05/2003
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 64 year old male who sustained an industrial injury on 09/05/2003. Diagnoses include chronic right and left shoulder pain, right and left shoulder impingement, and history of left hand bursitis versus left lateral epicondylitis. Treatment has included medications, home exercise program, and therapy sessions. Physician records document there is minimal atrophy of the right and left shoulder girdle. There is some tenderness still at the distal supraspinatus and the acromioclavicular joint on the right shoulder. Range of motion: 0-80 degrees for abduction of the right shoulder and the left is 1-120 degrees for flexion. Strength is 4 to 4+/5 for abduction of the left and right shoulder. The treating provider is requesting a prescription of Ambien 5mg, and an unknown prescription of Neurontin cream. On 12/17/2014 Utilization Review non-certified the request for Ambien 5mg and cited was Official Disability Guidelines. On 12/17/2014 the Utilization Review non-certified the request for an unknown prescription of Neurontin cream and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Neurontin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS guidelines topical creams are considered experimental with poor evidence to support efficacy or use. Neurontin/Gabapentin is an antiepileptic medication approved by FDA for oral use only. This is an off-label, compounded product. MTUS guidelines specifically states that topical neurontin is not recommended. There is no justification for use of a compounded, non-FDA approved application of a medication with unknown absorption, safety and efficacy. Neurontin cream is not medically necessary.

Prescription of Ambien 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic)

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is also incomplete with no total number of tablets requested or refills requested. The chronic use of Ambien is not medically appropriate and is not medically necessary.