

Case Number:	CM15-0006375		
Date Assigned:	01/26/2015	Date of Injury:	07/03/1999
Decision Date:	04/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 3, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medication; sleep aid; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and earlier lumbar spine surgery. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve request for "one multiple medication."The applicant's attorney subsequently appealed.The claims administrator's Utilization Review Report cited a variety of non-MTUS Guidelines, including ODG's formulary, the Physicians' Desk Reference, etc., none of which were incorporated into the report rationale. The claims administrator seemingly suggested that the request in question represented a request for multiple medications to include Pamelor, Ambien, and/or Neurontin. An RFA form reportedly received on December 11, 2014 was referenced in the decision.In said December 11, 2014 RFA form, Pamelor, Neurontin, and Ambien were all renewed for reported diagnosis of postlaminectomy syndrome. In an associated progress note dated December 4, 2014, the applicant reported ongoing complaints of neck, mid back, lower back, leg, knee, and ankle pain, 8/10, aggravated by standing, sitting, and walking. The applicant was using Norco, Coreg, Zestril, aspirin, Pamelor, and Neurontin, it was suggested in one section of the note. At the bottom of the report, the attending provider suggested that the applicant start Pamelor nightly at bedtime, stop Neurontin, and start Ambien tablets. The applicant was given Ambien for p.r.n. use purposes, #15 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

One multiple medication: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Ambien Medication Guide.

Decision rationale: Yes, the request for "one multiple medication" was medically necessary, medically appropriate, and indicated here. Based on the description of events furnished by the attending provider and claims administrator, the request in question seemingly represented a first-time request for Pamelor for regular, nightly use, and a limited supply of Ambien for short-term, p.r.n. use purposes. On the same date, November 4, 2014, the attending provider seemingly stated that he was discontinuing Neurontin (gabapentin) on the grounds that it was ineffectual. As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressants such as Pamelor (nortriptyline) are recommended as a first-line option for neuropathic pain, as was/is present here. Introduction of nortriptyline (Pamelor) was indicated on or around the date in question, December 4, 2014, given the seeming failure of Neurontin (gabapentin). The MTUS does not address the topic of Ambien. However, the Food and Drug Administration (FDA) does note that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the first-time, 15-tablet supply of Ambien at issue, thus, did conform to the FDA label. Therefore, the request was medically necessary.