

Case Number:	CM15-0101992		
Date Assigned:	06/04/2015	Date of Injury:	09/17/2001
Decision Date:	07/03/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 9/17/01. The injured worker was diagnosed as having shoulder pain, cervical radiculopathy, cervical pain, spasm of muscle, mood disorder and cervical facet syndrome. Treatment to date has included oral medications including Gabapentin, Percocet and Ambien; posterior cervical decompression with C3 laminectomy and C4-5 and C6 hinged laminoplasty performed on 3/2/15, topical Lidoderm patch, physical therapy and home exercise program. Currently, the injured worker complains of neck pain with radiation down bilateral arms rated 4/10 with medications and 6/10 without medications. She is working full time. Physical exam of cervical spine revealed limited range of motion, tenderness with hypertonicity and spasm over bilateral paravertebral musculatures, tenderness over the paracervical, rhomboids and trapezial muscles and decreased sensation along the C6-7 dermatomes. Request for authorization was submitted for Ambien, Celebrex, Gabapentin, Skelaxin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.

Percocet 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain level. There is no documentation regarding functional improvement, and no documentation regarding side effects. A recent urine drug screen on 4/8/2015 showed patient was consistent in taking opioid medication. However, there is aberrant use of un-prescribed benzodiazapine medication that is also detected on the most recent urine drug screen test. This is concerning and has not been adequately addressed by the provider. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone /acetaminophen) is not medically necessary.

Ambien 5mg #20 with 1 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 (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, the recent progress note indicated negative review of system for sleep disturbance, and there is no recent diagnosis of insomnia. Given this, the currently requested Ambien is not medically necessary.