

<b>Case Number:</b>	CM15-0105369		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: 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:

This 59 year old man sustained an industrial injury on 5/18/2009. The mechanism of injury is not detailed. Evaluations include right shouder4 MRI dated 9/17/2009, cervical spine MRI dated 10/24/2011, left shoulder MRI dated 10/24/2011, and lumbar spine MRI dated 10/24/2011. Diagnoses include cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, right shoulder pain, gastroesophageal reflux disease, and insomnia. Treatment has included oral medications, Physician notes dated 4/13/2015 show complaints of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the left lower extremity, bilateral upper extremity pain, bilateral lower extremity pain, and insomnia. The pain is noted to be unchanged and is rated 7/10 with medications and 10/10 without medications. Recommendations include Gabapentin, Hydrocodone/Acetaminophen, Pantoprazole, Tizanidine, Vitamin D, and Zolpidem Tartrate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90 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 (AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically with no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of "70%" subjective improvement. The lack of improvement in function and continued severe pain does not support continued gabapentin use. Gabapentin is not medically necessary.

**Zolpidem 10mg #30 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) Treatment in Workers Compensation, Online Edition, Chapter: Pain, 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) "Pain (Chronic)", "Insomnia Treatment)".

**Decision rationale:** There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien/Zolpidem 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. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The chronic use of Ambien is not medically appropriate and is not medically necessary.

**Vitamin D 2000 units #60 with 1 refill:** 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 ODG: Pain Vitamin D (Calciferol).

**Decision rationale:** There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. As per Official Disability Guidelines, Vitamin D for chronic pain is not recommended unless patient has signs of Vitamin D deficiency. Excessive Vitamin D can lead to toxicity. There is no provided documentation of Vitamin D deficiency or lab testing. Vitamin D is not medically necessary.