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| Case Number: | CM15-0107365 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 03/09/2001 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 69 year old male, who sustained an industrial injury on 03/09/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having other disorders of the gallbladder, myalgia and myositis not otherwise specified, and cervical displacement. Treatment and diagnostic studies to date has included laboratory studies and medication regimen. In a progress note dated 02/13/2015 the treating physician reports continued total body pain with chronic fatigue, difficulty sleeping, and morning gel phenomenon, along with complaints of mild, occasional neck pain, and pain to the low back and hips. Examination reveals trigger point tenderness. The treating physician noted that use of Gabapentin assists with the pain and numbness in the legs and buttocks, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested continuation of the medications of Gabapentin 250mg with a quantity of 30 and Sonata 10mg with a quantity of 30 for fibromyalgia syndrome and related insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 250mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-19.

Decision rationale: The CA MTUS states that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy, post-herpetic neuralgia and is considered a first-line treatment for neuropathic pain. The typical therapeutic dosage ranges from 900 mg to 3,600 mg/day. In this case, the patient does not have evidence of neuropathic pain, but rather, "total body pain." His dosage is 250 mg/day, which is a sub-therapeutic dose. There is no evidence that the Gabapentin has provided any significant pain relief or functional improvement. Therefore this request is deemed not medically necessary or appropriate.

Sonata 10mg #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) Treatment Index, 13th Edition (web) 2015, Pain chapter, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration approach to chronic pain management Page(s): 7-8.

Decision rationale: While the MTUS does not specifically address Sonata, the Chronic Pain Treatment Guidelines do stipulate that the provider using a drug for a non-FDA labeled purpose has a responsibility to be well-informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The FDA notes that Sonata is indicated only for the short-term treatment of insomnia, up to 30 days. In this case, the patient has been treated chronically, and no evidence is submitted to support a medical exception to the recommended short-term usage. Consideration should be given to an antidepressant, which could treat both the insomnia and fibromyalgia in this patient. As such, this request is deemed not medically necessary or appropriate.