

Case Number:	CM15-0144443		
Date Assigned:	08/05/2015	Date of Injury:	09/12/2009
Decision Date:	09/01/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old female, who sustained an industrial injury on September 12, 2009. She reported an injury to her head, face, nose, neck, shoulders, back, arms, legs, feet, hands, wrist, all fingers, all toes, elbows, knees and stomach. Treatment to date has included cortisone injection, physical therapy, psych consult, right shoulder arthroscopy, and epidural steroid injection. Currently, the injured worker reported pain in the cervical spine, bilateral upper extremities, bilateral lower extremities, thoracic spine and lumbar spine. She reported right TMJ pain and headaches. She rates her pain a 7 on a 10-point scale and notes that the pain is present 90% of the time. She reports numbness and tingling of the right foot, right ankle, right elbow, hand and wrist, right calf, shin and ankle and noted that the numbness and tingling was present 50% of the time. She reports anxiety, stress and insomnia. She reports that she feels better with rest, medication and topical compounds. Performing activities of daily living make the symptoms worse. On physical examination the injured worker has tenderness to palpation over the cervical spine, right shoulder, bilateral wrists, lumbar spine, bilateral sacroiliac joint, bilateral buttock, and bilateral lower extremities. She has decreased range of motion of the cervical and lumbar spine. The diagnoses associated with the request include lumbar disc displacement, thoracic and lumbar disc degeneration, brachial neuritis, cervical and lumbar disc disease sprain of the knee and shoulder joint internal derangement. The treatment plan includes physical therapy to the right shoulder, lumbar spine, cervical spine, diagnostic imaging, epidural steroid injection to the cervical spine, topical compounds. A request was received for Norco, Ambien, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the request for Norco 10/325 #120 is not medically necessary.

Ambien 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) is the First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances which means, they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no

documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Prospective request for 1 prescription of Ambien 10mg #30 is not medically necessary.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. There is no documentation of functional improvement with previous use of Gabapentin. The patient was complaining of chronic neck and back pain without clear evidence of neuropathic pain. Therefore the request for Gabapentin 600mg #60 is not medically necessary.