MAXIMUS Federal Services

Case Number:	CM15-0164548		
Date Assigned:	09/01/2015	Date of Injury:	10/02/2008
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California
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 42 year old female who sustained an industrial injury on October 02, 2008. The worker was employed as a delivery driver. The accident was described as while working pulling a dolly containing dairy products she felt a sudden pop in her right knee and a twisting motion. A recent orthopedic follow up dated February 11, 2015 reported subjective complaint of right knee and lower back pain. She is post manipulation in December and despite therapy she had better motion before the surgery but not satisfactory. She is utilizing a cane to ambulate and is still utilizing a continuous passive motion unit getting her 90 degrees of flexion, but is not able to do it on her own. She is in need of medication refill and states needing something for sleep as she is having difficulty. The following diagnoses were applied: internal derangement of the right knee, status post total knee replacement, right, and discogenic lumbar condition with facet inflammation. Current medication provision noted: Oxycodone, Norco, and Soma. There is also recommendation for Nalfon, Protonix and Flexeril with note of previously suggesting Lunesta and probably Neurontin. Medication at follow up dated March 10, 2015 reported Norco, Oxycodone, Soma, Nalfon, Neurontin, Wellbutrin, Tramadol ER, Norflex, and LidoPro. At primary follow up in May 2015 the plan of care noted the following medications: Norco, Oxycodone, soma, naproxen, Effexor XR, Norflex, Aciphex, Tramadol ER, Neurontin, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg TID #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Lunesta 2mg QHS #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has pain and sleeping difficulty. The etiology of the sleep disturbance was not elaborated. The claimant was on Lunesta for several months. Long-term use is not indicated. Continued and chronic use of Lunesta is not medically necessary.

Soma 350mg TID #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for

sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone and Tramadol which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.