

<b>Case Number:</b>	CM15-0185280		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 5-10-2014, resulting in pain or injury to the left shoulder. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, right side T4, T5, T6, and T7 radiculopathy, right side L3 radiculopathy, bilateral S1 radiculopathy, and left shoulder impingement syndrome. On 8-20-2015, the injured worker reported low back and left shoulder pain with difficulty sleeping due to persistent mid and low back pain with radiation pain on both legs. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker had completed 8 sessions of physical therapy, and 8 sessions of acupuncture for the shoulder and spine pain with benefit and wished to continue with them as well as continuing the Gabapentin. The report did not include physical examination findings. The treatment plan was noted to include a request for Ambien for a good night sleep, renewal of Gabapentin, prescribed since at least 3-26-2015, and request for 8 sessions of chiropractic treatments. The Primary Treating Physician's request for authorization included Ambien 10mg #30 and Gabapentin 300mg #120 with 3 refills. The Utilization Review (UR) dated 8-27-2015, modified the request for Ambien 10mg #30 with certification of #10 and non-certifying the remaining #20, and non-certified the request for Gabapentin 300mg #120 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Guideline (ODG), Pain Chapter, updated 07/15/2015.

**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 Medications.

**Decision rationale:** The requested Ambien 10mg #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has low back and left shoulder pain with difficulty sleeping due to persistent mid and low back pain with radiation pain on both legs. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker had completed 8 sessions of physical therapy, and 8 sessions of acupuncture for the shoulder and spine pain with benefit and wished to continue with them as well as continuing the Gabapentin. The report did not include physical examination findings. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 is not medically necessary.

**Gabapentin 300mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The requested Gabapentin 300mg #120 with 3 refills is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has low back and left shoulder pain with difficulty sleeping due to persistent mid and low back pain with radiation pain on both legs. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker had completed 8 sessions of physical therapy, and 8 sessions of acupuncture for the shoulder and spine pain with benefit and wished to continue with them as well as continuing the Gabapentin. The report did not include physical examination findings. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 300mg #120 with 3 refills is not medically necessary.

