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| Case Number: | CM15-0186894 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 01/26/2001 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 57-year-old female with a date of injury on 1-26-01. A review of the medical records indicates that the injured worker is undergoing treatment for complex chronic pain. Progress report dated 8-20-15 reports neck pain that radiates down the bilateral extremities, low back pain radiates down the bilateral lower extremities, upper extremity pain, bilateral shoulder pain described as aching, dull and moderate. She has ongoing insomnia. The pain is rated 9 out of 10 with medications and 10 out of 10 without medications. She reports ongoing activity of daily living limitations due to pain with self-care and hygiene, activity, ambulation, hand function and sleep. She states that opioid medication is helpful in reducing pain and increasing her level of function and improves her quality of life. She has 40% improvement with medication therapy. Gabapentin provides 30% pain relief. Upon exam, lumbar spine has tenderness to palpation; the range of motion is moderately limited, pain increased with flexion and extension. Tenderness is noted on palpation of the shoulders. Treatments include: medication, physical therapy, acupuncture, chiropractic, back support, use of cane, injections and lumbar laminectomy. Request for authorization dated 9-2-15 was made for gabapentin 600 mg quantity 60 and zolpidem 10 mg quantity 30. Utilization review dated 9-10-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 500mg #60: 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: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 8/20/15 does not demonstrate evidence neuropathic pain, the duration of relief, increase in function or increased activity. There are no objective findings of neuroapthic pain documented in the medical record. Therefore, medical necessity has not been established, and determination is not medically necessary.

Zolpidem 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-TWC) Pain Procedure Summary last updated 7/15/2015.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the worker sustained an injury 14 years ago. Documentation supports insomnia dating back to at least 2012. The note from 8/20/15 indicates this is a renewal as previously prescribed for an additional 30 days. As this would exceed the recommended six week maximum six week duration of treatment in the guidelines the determination is not medically necessary.