

Case Number:	CM15-0203316		
Date Assigned:	10/21/2015	Date of Injury:	03/31/2003
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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:

This is a 64-year-old male with a date of injury on 3-31-03. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 9-15-15 reports continued complaints of pain in his lower back, right knee, left foot and left shoulder. He has elbow surgery and has fully recovered although he has developed De Quervain's in his right thumb. He reports relief with opioid medication bringing his pain level down to 4 out of 10 from 7 out of 10. He also notes improvement in activities of daily living with medication. Physical exam is unchanged except that he is wearing a left wrist splint. Physical examination on 8/13/15 revealed patient was arising with the use of a cane and he had a normal mental status examination. According to the medical records, he has been taking Ambien, Gabapentin and Hydrocodone-Acetaminophen at least since 12-18-14. Treatments include medication, physical therapy and surgery. The patient's surgical history include right knee surgery in 2003 and multiple shoulder surgeries; left hip replacement in 2001; bilateral CTR; right TKR. Patient had received CPP for this injury. The medication list includes Norco, Soma, Ambien, Zanaflex, Vicodin, Plavix, Zestril and Gabapentin. The patient has had a history of depression. The patient had UDS on 4/8/14 that was positive for Hydrocodone and it was consistent. The patient has had no history of aberrant behavior and no adverse effects with opioid. He had improvement in ADL. The patient sustained the injury due to repetitive activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (Zolpidem Tartrate) 10mg 1 tablet po qhs #28 with no refills: 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15).

Decision rationale: Request: Ambien (Zolpidem Tartrate) 10mg 1 tablet po qhs #28 with no refills. Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien (Zolpidem Tartrate) 10mg 1 tablet po qhs #28 with no refills is not fully medically necessary for this patient, given the records provided and the guidelines cited. When discontinuing this medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.

Gabapentin 100mg 2 tablets po qhs #56 with no refills: Overturned

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

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

Decision rationale: Gabapentin 100mg 2 tablets po qhs #56 with no refills. According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Spinal cord injury: Recommended as a trial for chronic neuropathic pain.... Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit "This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." Progress report dated 9-15-15 reports continued complaints of pain in his lower back, right knee, left foot and left shoulder. He was wearing a left wrist splint. Physical examination on 8/13/15 revealed patient was arising with use of cane. The patient's surgical history include right knee surgery in 2003 and multiple shoulder surgeries; left hip replacement in 2001;

bilateral CTR; right TKR. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic like gabapentin / Neurontin is medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 100mg 2 tablets po qhs #56 with no refills in patients with this clinical situation therefore the request is deemed medically necessary.

Hydrocodone/Acetaminophen 10/325mg tablet 1 po bid #56 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Hydrocodone/Acetaminophen 10/325mg tablet 1 po bid #56 with no refills. This is an opioid analgesic. Criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain..." Progress report dated 9-15-15 reports continued complaints of pain in his lower back, right knee, left foot and left shoulder. He reports relief with opioid medication bringing his pain level down to 4 out of 10 from 7 out of 10. He also notes improvement in activities of daily living with medication. Physical examination on 8/13/15 revealed patient was arising with use of cane. Therefore, the patient has chronic pain along with significant abnormal objective findings. The patient's surgical history include right knee surgery in 2003 and multiple shoulder surgeries; left hip replacement in 2001; bilateral CTR; right TKR. The patient has had a UDS on 4/8/14 that was positive for Hydrocodone and it was consistent. The patient has had no history of aberrant behavior and no adverse effects with opioid and he had improvement in ADL. The patient has had a trial of non-opioid medications including a muscle relaxant, and Gabapentin for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an "as needed/ prn" basis. The request of the medication Hydrocodone/Acetaminophen 10/325mg tablet 1 po bid #56 with no refills is medically necessary and appropriate in this patient.