

Case Number:	CM15-0204130		
Date Assigned:	10/21/2015	Date of Injury:	01/11/2010
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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 49 year old female, who sustained an industrial injury on 1-11-2010. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, sprain of neck, thoracic sprain-strain, lumbar sprain-strain, and unspecified major depression, recurrent episode. Treatment to date has included diagnostics, lumbar epidural steroid injection, physical therapy, and medications. On 9-03-2015, the injured worker complains of neck and low back pain, with radiation of pain, numbness and tingling into the both lower extremities. Pain was rated 6-7 out of 10 with medication and 9-10 out of 10 without (unchanged from 8-03-2015). She was interested in a trial of spinal cord stimulation and received psych clearance for this. Sleep disturbance complaints were not reported on 9-03-2015. Current function with activities of daily living was not described. A review of symptoms was positive for constipation, anxiety, and depression. Physical exam of the musculoskeletal system noted only "normal muscle tone without atrophy" in both upper and lower extremities. Current medications were documented as Capsaicin cream, Lunesta (since at least 3-2015 and on 7-02-2015 when she reported difficulty sleeping, noting that she was not getting "restful sleep" with Lunesta), Morphine CR, Venlafaxine, Senokot S, Gabapentin (since at least 3-2015), Acyclovir, EC Aspirin, Atorvastatin, Clopidogrel, Metoprolol ER, and Nitroglycerin. Work status was permanent and stationary. She was prescribed Lunesta 2mg at bedtime, Morphine CR, Venlafaxine, and Gabapentin 600mg (2 tabs daily). On 9-16-2015, Utilization Review non-certified a request for Lunesta 2mg #30 and Gabapentin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg 1 qhs #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), Pain Chapter (updated 09/08/15), Insomnia Treatment.

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. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Lunesta may be used slightly longer than other medications (30 days) In this case; the claimant had used the medication for several months. The etiology of sleep disturbance was not defined a sleep study was being considered. Continued use of Lunesta is not medically necessary.

Gabapentin 600mg 2 qd #60: Upheld

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: According to the MTUS guidelines: Gabapentin (Neurontin) 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. 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.