

Case Number:	CM15-0023426		
Date Assigned:	02/13/2015	Date of Injury:	10/19/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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 49 year old female patient, who sustained a work related injury on 10/29/12. The diagnoses have included left shoulder tendonitis and status post left shoulder surgery. Per the PR-2 dated 1/5/15, she had complains of cervical radicular pain, pain in her left shoulder and neck that radiates down both arms with numbness and tingling in left arm greater than right when looking down and poor sleep. It improves with rest. She had pain at 7/10. Physical examination revealed decreased sensation to pinprick in left arm versus right, decreased range of motion in neck, tenderness to palpation of neck muscles; 4/5 strength in left biceps and triceps. The current medications list includes gabapentin and melatonin. She has had cervical MRI on 11/14/2013. She has undergone left shoulder arthroscopic bicep tenodesis and subacromial decompression. She has had physical therapy visits for this injury. On 1/14/15, Utilization Review non-certified requests for Melatonin 2mg., #90 with 3 refills, Gabapentin 300mg. 1 tablet twice a day and acupuncture 3 x 6. The California MTUS, Chronic Pain Treatment Guidelines, and non-MTUS for the Melatonin were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 2mg #90 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Pain (updated 03/23/15) Melatonin

Decision rationale: Request: Q-1- Melatonin 2mg #90 with 3 Refills. CA MTUS does not address this request. Per the ODG, melatonin is Recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. There is also some suggestion that it can have an analgesic effect, but current research is largely in the experimental phases. Detailed history of insomnia is not specified in the records provided. Response to other non pharmacological treatment for insomnia is not specified in the records provided. Patient is using melatonin since long time. Response with and without melatonin is not specified in the records provided. The medical necessity of Melatonin 2mg #90 with 3 Refills is not fully established for this patient.

Gabapentin 300mg, 1 tablet twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available) Page(s): P.

Decision rationale: Request: Q-2- Gabapentin 300mg, 1 tablet twice a day. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain 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. Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Per the records provided she had complains of cervical radicular pain, pain in her left shoulder and neck that radiates down both arms with numbness and tingling in left arm greater than right when looking down and poor sleep. Physical examination revealed decreased sensation to pinprick in left arm versus right, decreased range of motion in neck, tenderness to palpation of neck muscles; 4/5 strength in left biceps and triceps with history of left shoulder arthroscopic surgery. There is objective evidence of nerve related pain. Gabapentin is recommended as an option for treating neuropathic pain. This request for Gabapentin 300mg, 1 tablet twice a day is deemed medically appropriate and necessary in this patient.

Acupuncture 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request: Q-3- Acupuncture 3x6. Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, per the cited guidelines Time to produce functional improvement: 3 to 6 treatments(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). Therefore the requested visits are more than the recommended by the cited criteria. The medical necessity of Acupuncture 3x6 is not fully established in this patient at this time.