

Case Number:	CM15-0215689		
Date Assigned:	11/05/2015	Date of Injury:	09/12/2007
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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: New Jersey
 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 57 year old male, who sustained an industrial injury on 9-12-2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, lumbar fusion L5-S1, lumbar degenerative disc disease at L5-S1 secondary to discitis, and lumbar radiculopathy. On 10-7-2015, the injured worker reported severe back pain with radiation into the left greater than right leg with associated spasms, increased numbness to his feet, rating the pain a 7.5-8 out of 10 on the visual analog scale (VAS). The Primary Treating Physician's report dated 10-7-2015, noted the injured worker's most recent urine drug screen (UDS) from 8-5-2015 was consistent with prescribed medications without evidence of illicit drug use. The injured worker's current medications were noted to include Nucynta noted to bring the pain down from 8-9 out of 10 to a 5 out of 10, noted to be tolerable, taking Horizant which reduced his neuropathic pain by 70%. The injured worker's medications were noted to enable him to perform activities of daily living (ADLs) including working full time, denying excessive sedation, nausea, vomiting, or constipation associated with the medications. The injured worker's current medications were listed as Nucynta, Horizant, prescribed since at least 8-5-2015, Ambien, Wellbutrin, Losartan, and Benadryl. The Physician noted the CURES report was consistent with prescribed medications with an updated chronic opioid agreement reviewed and signed. The physical examination was noted to show moderate tenderness to palpation to the paraspinal muscles, left worse than right with severely limited range of motion (ROM) in all planes and diminished sensation to light touch throughout the left lower extremity. Prior treatments have included left SI joint injection, lumbar surgery, and noted

allergies-adverse effects to Penicillin, Naprosyn, Morphine, Codeine, Hydrocodone, and Gabapentin. The treatment plan was noted to include refill of the Nucynta, increased Horizant to better control neuropathic pain, and Ambien prescribed. The request for authorization was noted to have requested Nucynta 50mg #240 do not fill until 10/18/15, Nucynta 50mg #240 do not fill until 11/16/15, Horizant 600mg #60 with 1 refill, and Ambien CR #30 with 1 refill. The Utilization Review (UR) dated 10-21-2015, certified the request for Nucynta 50mg #240 do not fill until 10/18/15, and Nucynta 50mg #240 do not fill until 11/16/15, modified the request for Horizant 600mg #60 with 1 refill to #30 with one refill, and non-certified the request for Ambien CR #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600mg #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was a clear report of pain reduction and improved function with gabapentin use as well as the new addition of Horizant which was used instead of gabapentin due to side effects with gabapentin which Horizant does not cause for this worker. Use of Horizant seems appropriate and medically necessary. The previous reviewer suggested that 600 mg once daily is more appropriate. However, Horizant is meant to be increased in frequency to twice daily in patients with significant neuropathic pain, which would be the case of this worker. Therefore, this request for Horizant 600 mg #60 with 1 refill is medically necessary.

Ambien CR #30 with 1 refill: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, this request for Ambien CR was for more pills than would be reasonably necessary for any transitional purpose to help the worker and any chronic use is not recommended for this drug class. Regardless, the dose of this medication was not included in the request. Therefore, the request is not medically necessary at this time.