

Case Number:	CM15-0032147		
Date Assigned:	02/25/2015	Date of Injury:	09/19/2011
Decision Date:	04/03/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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 38 year female, who sustained an industrial injury on September 19, 2011. The injured worker has reported neck, back and hip pain. The diagnoses have included cervical radiculopathy, lumbosacral sprain/strain, lumbar radiculopathy, right hip sprain/strain and a left hip sacroiliac joint sprain. Treatment to date has included pain medication, a home exercise program and a transcutaneous electrical nerve stimulation unit. The only documentation submitted for review was a progress note dated March 10, 2015 which notes that the injured worker complained of constant moderate cervical spine pain, low back pain and bilateral hip pain. Physical examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles, muscle spasms, a decreased range of motion and a positive Spurling's test. Examination of the lumbar spine revealed tenderness to palpation with spasms of the paravertebral muscles and a positive straight leg raise test bilaterally. Examination of the bilateral hips showed tenderness to palpation, normal range of motion and a negative FABERE test. On February 19, 2015 Utilization Review non-certified a request for Zolpidem 10 mg # 30, Cyclobenzaprine 10 mg # 60 and Gabapentin 300 mg # 90. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter- insomnia medication and pg 68.

Decision rationale: Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for an unknown length of time and was given an additional 1 month supply. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem is not medically necessary.

Cyclobenzaprine 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for an unknown length of time in combination with Tramadol and Gabapentin. An additional 30 day supply was requested. Continued and long- term use of Cyclobenzaprine is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-17, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

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. Gabapentin use is not justified and is not medically necessary.