

Case Number:	CM15-0035245		
Date Assigned:	03/03/2015	Date of Injury:	08/12/2010
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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 32 year old male, who sustained an industrial injury on 8/12/10. On 2/25/15, the injured worker submitted an application for IMR for review of Neurotin 300mg #90, and Ambien 10mg #15. The treating provider has reported the injured worker complained of neck pain that radiates down the right upper extremity with anxiety and low back pain radiating to the right lower extremity. The diagnoses have included chronic pain; lumbar facet arthropathy; lumbar radiculitis; right elbow pain; right shoulder pain; myofascial pain syndrome; status post right elbow surgery (4 surgeries); status post right foot/ankle fracture; right shoulder internal derangement; right knee internal derangement. Treatment to date has included status post right elbow fracture open reduction internal fixation (ORIF), right cuboid/right third cuneiform fracture repair (8/12/10); status post irrigation and debridement right elbow; status post right elbow ORIF/tension band wiring of olecranon fracture; MRI cervical spine (8/11/10); MRI right elbow; MRI right foot and ankle; TENs unit; acupuncture; bracing elbow; medication. On 1/30/15 Utilization Review MODIFIED Neurontin 300mg #90 to #48 only, and NON-CERTIFIED Ambien 10mg #15. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy 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, although there was some evidence to suggest he had neuropathic-type pain, there was insufficient reporting to suggest the Neurontin, which he took chronically leading up to this request, had provided a significant 30% or more reduction in pain and increased function directly and independently related to Neurontin, as this was not included in the documentation provided for review. Therefore, without clear evidence for benefit, the Neurontin will be considered medically unnecessary to continue.

Ambien 10mg #15: 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 (Chronic) Zolpidem, 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), Mental Illness section, sedative hypnotics AND Pain section, Ambien.

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, although Ambien was prescribed for his insomnia, there was no recent reporting of how effective this medication was on his sleep and overall function, which would be required in order to consider this case an exception to the Guidelines. Regardless, it is not recommended to use Ambien chronically, and it will be considered medically unnecessary.