

Case Number:	CM15-0081989		
Date Assigned:	05/04/2015	Date of Injury:	09/17/2014
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 47 year old female, who sustained an industrial injury on 9/17/2014. She reported her left foot/toe being crushed between a forklift and a pole. Diagnoses have included crush injury to the left foot, left ankle sprain/strain, lumbar spine sprain/strain, sleep deprivation and stress, anxiety and depression. Treatment to date has included surgery, wound care, physical therapy, and medication. According to the progress report dated 3/18/2015, the injured worker complained of pain over the left foot and toe. She reported that the pain was improving. She complained of phantom pain over digit number four with possible necrosis. She complained of dull and achy left ankle pain. She complained of lumbar spine pain, right greater than left. She also complained of sleep deprivation, stress, anxiety and depression. Exam of the lumbar spine revealed tenderness and spasm. The fourth toe was amputated with extensor muscle damage. There was a wound to the base/sole of her first toe at the metacarpophalangeal joint. There was tenderness to palpation in the sole of her foot/toes and to the dorsum of the foot/toes. Authorization was requested for Sonata, Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg at bedtime #60: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Sonata, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Sonata treatment. Finally, there is no indication that Sonata is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Sonata is not medically necessary.

Gabapentin 100mg QID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement as a result of the gabapentin use. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.