

Case Number:	CM15-0243230		
Date Assigned:	12/22/2015	Date of Injury:	09/27/2001
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 9-27-2001. Medical records indicate the worker is undergoing treatment for chronic low back pain with left lower extremity radiculitis post decompression and fusion L4-S1 in July 2009 with hardware removal in August 2011, chronic neck pain post ACDF at C5-6, noninstrumented in 2003, and left C5-6 foraminotomy on 6/23/15, and insomnia from chronic pain. A recent progress report dated 11-18-2015, reported the injured worker complained of neck pain and spasm radiating the right arm and low back pain radiating to the left leg. Pain was rated 6 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed cervical paraspinal tenderness and lumbosacral tenderness to palpation. Cervical magnetic resonance imaging showed disc desiccation and mild central stenosis and lumbar magnetic resonance imaging showed multilevel disc herniation and desiccation with bilateral foraminal stenosis. Treatment to date has included acupuncture, physical therapy, new prescription for Lunesta (Mirtazapine caused morning sleepiness) and Neurontin. On 11-19-2015, the Request for Authorization requested 3 Neurontin 300 mg twice a day Qty 60 and Lunesta 3 mg at bedtime Qty 30 refills not specified. On 12-1-2015, the Utilization Review modified the request for 3 Neurontin 300 mg twice a day Qty 60 and Lunesta 3 mg at bedtime Qty 30 refills not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Neurontin 300 mg twice a day Qty 60 refills not specified for sciatica pain related to the lower back as an outpatient: Upheld

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: Review noted the patient was able to decrease the morphine dose by 25% from 60 mg to 45 mg/day due to acupuncture treatment and improved function and sleep; however, since acupuncture has been denied, the patient had increased back to 60 mg with pain level of 6/10 with medications and 8/10 without medications. Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from Neurontin treatment for this chronic 2001 injury beside benefit from acupuncture treatment. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of quantified increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury from continued Neurontin use. Current request was modified for weaning purposes. The 3 Neurontin 300 mg twice a day Qty 60 refills not specified for sciatica pain related to the lower back as an outpatient is not medically necessary and appropriate.

Lunesta 3 mg at bedtime Qty 30 refills not specified, for insomnia related to neck and lower back injury as an outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Review indicates the patient has pain related insomnia. There is noted benefit from Mirtazapine that was discontinued due to excessive AM sleepiness now with the request for trial of Lunesta that has been modified by peer review for #15. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, controlled substance with long-term use not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks, noting failure to resolve sleep disturbances in seven to ten days may indicate a psychiatric or medical illness. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions as tolerance to hypnotic effects develops rapidly. Submitted documents have not demonstrated any

specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, quantified increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic 2001 injury. The reports have not identified any specific clinical findings nor is there any noted failed trial of behavioral interventions or proper non-pharmacological sleep hygiene regimen to support its continued use. The Lunesta 3 mg at bedtime Qty 30 refills not specified, for insomnia related to neck and lower back injury as an outpatient is not medically necessary and appropriate.