

Case Number:	CM14-0139359		
Date Assigned:	09/05/2014	Date of Injury:	10/21/2002
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 54-year-old female was reportedly injured on October 21, 2002. The mechanism of injury was stated to be repetitive trauma. The most recent progress note, dated August 5, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities as well as right foot pain. The physical examination demonstrated the patient with an antalgic gait and full range of motion of the lumbar spine. A neurological examination revealed decreased strength of the left lower extremity and normal sensation and reflexes. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L5-S1 impinging the traversing bilateral S1 nerve roots and disc bulges from L1 through L5. Previous treatment included chiropractic care, physical therapy, massage therapy, oral medications, a radiofrequency nerve ablation, and [REDACTED]. A request had been made for methadone 10 mg, Ambien 10 mg, and gabapentin 300 mg and was not certified in the pre-authorization process on August 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 61-62 of 127..

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. A review of the medical records indicates that the injured employee has pain relief with the use of this medication and it allows her to increase her ability to function and continue working full time. Considering this, the request for methadone 10 mg is medically necessary.

Ambien 10mg #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The Official Disability Guidelines specifically do not recommend them for long-term use for chronic pain. A note, dated August 28, 2014, indicated that the injured employee was taking this medication on an intermittent basis and this request is for just 15 tablets. As such, this request for Ambien is medically necessary.

Gabapentin 300mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no conclusive objective evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for gabapentin is not medically necessary.