

Case Number:	CM14-0143057		
Date Assigned:	09/10/2014	Date of Injury:	08/13/2001
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation and 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 injured worker is a 67-year-old female with a reported date of injury on 08/13/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post C4-7 anterior cervical discectomy and fusion; status post C5-6 bilateral neural foraminotomy, C6 laminectomy and posterior C5-7 fusion, complicated by MRSA, septic shock, acute respiratory failure requiring incision and drainage; C3-4 foraminal narrowing, moderate bilateral foraminal narrowing C7-T1, and moderate to severe bilateral foraminal narrowing T1-T2, and focal cord myelomalacia C5-6. Her previous treatments were noted to include medications, surgery, and acupuncture. The progress note dated 05/02/2014 revealed complaints of neck and bilateral upper extremity pain. The injured worker complained of numbness throughout the hands and electrical sensation in the bilateral upper extremities. The injured worker indicated she did not like the way the Opana made her feel and requested to switch back to Percocet. The injured worker indicated she continued with gabapentin 300 mg (3 tablets 3 times a day), cyclobenzaprine 10 mg (3 times a day as needed), and her previous medications that included Percocet decreased her pain for more than 50%, and she was able to perform her activities of daily living with the use of these medications. Her pain level without medications was rated 7/10 to 8/10. The physical examination revealed full strength to the upper extremities with decreased sensation to the bilateral hands. The injured worker's health questionnaire 9 score was rated 18/30, that indicated moderate depression. The provider indicated that he would restart the Percocet 10/325 mg (3 times a day as needed) and that the medication reduced her pain by more than 50% and allowed her to increase function. The provider indicated the injured worker had an updated opiate consent and consistent urine toxicology from the last month. The progress note dated 06/11/2014 revealed complaints of neck and bilateral upper extremity pain. The injured worker indicated she had been utilizing Percocet 10/325 mg (3 times a day as needed),

Flexeril 10 mg (4 times a day as needed), gabapentin 300 mg (3 times a day), and her Flexeril had been denied. The injured worker indicated the Percocet allowed her to perform her activities of daily living and reduced her pain by more than 50%. The injured worker indicated without medications, her pain rated 9/10. The provider indicated 05/20/2014 a drug testing was performed that was consistent with her medications. The physical examination revealed full motor strength to the upper extremities with decreased sensation in her hands bilaterally. There was decreased range of motion noted to the cervical spine. The depression 9 score was rated 17/30 that indicated moderate depression. The provider indicated the injured worker would trial Ambien 5 mg (at bedtime as needed) due to difficulty sleeping, and conservative environmental changes had not been effective. The Request for Authorization form dated 04/08/2014 was for gabapentin 300 mg (3 times a day) and Percocet 10/325 mg (3 times a day). However, the provider's rationale was not submitted within the medical records. The Request for Authorization form and the provider's rationale were not submitted within the medical records for Ambien 5 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 3 refills: 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 Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for Gabapentin 300mg #90 with 3 refills is not medically necessary. The injured worker has been utilizing this medication since at least 07/2012. The California Chronic Pain Medical Treatment Guidelines recommend gabapentin as an anti-epilepsy drug, which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The provider indicated that she had decreased sensation to her bilateral hands with numbness and electrical sensation to both hands and the bilateral upper extremities. There was a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Percocet 10-325mg #90: 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 Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Percocet 10-325mg #90 is not medically necessary. The injured worker has been utilizing this medication off and on since 2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be addressed. The injured worker indicated that without medications, her pain scale rated 9/10, and with medications decreased her pain by more than 50%. There is a lack of documentation regarding the side effects. The provider indicated a urine drug screen performed 05/20/2014 was consistent with her medications. The guidelines recommend short term use for opioids. The injured worker has been utilizing opioids since at least 2012. Therefore, due to the length of time the injured worker has been utilizing opioids, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ambien 5mg #30 with 3 refills: 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), Pain, Zolpidem (Ambien).

Decision rationale: The request for Ambien 5mg #30 with 3 refills is not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. The Official Disability Guidelines state Zolpidem is a prescription short acting non-Benzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain, and is often hard to obtain. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. There is a lack of documentation regarding sleep quality and duration to warrant Zolpidem. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.