

Case Number:	CM14-0146976		
Date Assigned:	09/15/2014	Date of Injury:	04/03/1995
Decision Date:	12/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/10/2014

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 Internal 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 (IW) is a 58-year-old woman with a date of injury of April 3, 1995. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with chronic pain syndrome, multilevel disc disruption at C4-C5, C5-C6, and C6-C7, status post ulnar nerve transposition, and status post right carpal tunnel release. Pursuant to the most recent progress note in the medical record dated August 6, 2014, the IW complains of pain rated 9/10 in the low back, 10/10 in the leg, and 10+ in the back. Documentation indicated that the IW is experiencing some breakthrough pain, which is disrupting her sleep/wake cycles. Objective physical findings revealed intact cranial nerves II-XII. Motor exam is without focal changes. There is no gait instability. Trigger points noted in the bilateral cervical spine levator and rhomboid groups. There are no spasms in the lumbar spine. The IW notes 70% pain reduction with current treatment plan. Current medications include Ambien, Maxalt, Nexium, Neurontin, Lexapro, Lidoderm, Lyrica, Klonopin, Simvastatin, Losartan, Prilosec, Celebrex, Zanaflex (Tizanidine), Flector, Estradiol, GE Testosterone and Progesterone. Documentation in the medical recoding indicated that the IW has been on Tizanidine, Ambien, and Gabapentin since at least April 15, 2014. The treatment plan includes medications, and trigger point injections when needed. The IW was instructed to follow-up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5 mg: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Zolpidem

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem ER 12.5 mg is not medically necessary. Zolpidem is a short acting non-benzodiazepine for short-term (7 to 10 days) treatment of insomnia. They can be habit forming, and they may impair function and memory more than opiate pain relievers. Pain specialists rarely, if ever, recommend them for long-term use. In this case, the injured worker was diagnosed with cervicalgia, chronic pain syndrome and rotator cuff syndrome. MRI showed a 1 to 2 mm annular disc bulge between C4 C5 through C7 intervals. The documentation in the progress note does not reflect a discussion or diagnosis of insomnia. The injured worker has been on Ambien since April 15, 2014. Zolpidem is indicated for short-term (7 to 10 days) treatment of insomnia. Consequently, Zolpidem ER 12.5 mg is not medically necessary.

Ranitidine 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Ranitidine 150 mg is not medically necessary. Ranitidine is an H2 blocker. This drug is indicated in patients taking non-steroidal anti-inflammatory drugs are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65 years; history of peptic disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids or anticoagulants; or high-dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker allegedly cannot tolerate oral non-steroidal anti-inflammatory drugs. In a progress note dated July 10, 2014, the documentation reflects the injured worker either has a history of or experienced non-steroidal anti-inflammatory gastritis. The injured worker should not be taking non-steroidal anti-inflammatory drugs with a history of non-steroidal anti-inflammatory gastritis. If the injured worker is not taking non-steroidal anti-inflammatory drugs, then H2 blockers (ranitidine) is not clinically indicated. There is no past medical history of peptic ulcer disease, G.I. bleeding or concurrent aspirin use. Consequently, ranitidine 150 mg is not medically necessary.

Gabapentin 400 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 400 mg is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker was taking Lyrica. Lyrica is in the same class as gabapentin. Adding gabapentin would duplicate the treatment already being rendered and is not clinically indicated. Consequently, Gabapentin for milligram is not medically necessary.

Tizanidine 4 mg: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Tizanidine 4 mg is not medically necessary. Tizanidine is a muscle relaxant. The guidelines recommend non-sedating mustard relaxants with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations of patients with chronic low back pain. In this case, the injured worker was taking Zanaflex (Tizanidine) since April 15, 2014. It is unclear whether April 15 is a start date or a date where the drug was first noted in the medical record. In either case, Tizanidine is a short-term muscle relaxant and is not clinically indicated. Consequently, Tizanidine 4 mg is not medically necessary.