

Case Number:	CM14-0168132		
Date Assigned:	10/15/2014	Date of Injury:	07/13/2004
Decision Date:	12/22/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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:

This is a patient with a date of injury of 7/13/04. A utilization review determination dated 9/18/14 recommends non-certification of zaleplon, gabapentin/pyridoxine, and tramadol ER. 8/6/14 medical report identifies total body pain, chronic fatigue, problem sleeping, morning gel phenomenon, and restless leg syndrome. Recommendations include Sonata, tramadol, flurbiprofen, gabapentin for FMS (fidgety movements) symptoms, and consideration for "Requip for restless legs if gaba/bit b doesn't work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zaleplon 10mg (Sonata), QTY: 30 with 2 refills: 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), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Pain, Insomnia Treatment

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

Decision rationale: Regarding the request for zaleplon, California MTUS guidelines are silent regarding the issue. ODG recommends the short-term 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 is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to treatment with zaleplon. Finally, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested zaleplon is not medically necessary.

Retrospective request for Gabapentin 250mg/Pyridoxine 100mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Restless legs syndrome (RLS)

Decision rationale: Regarding request for gabapentin/pyridoxine, 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. Specific to restless legs syndrome, ODG notes that there are four essential diagnostic criteria: (1) An urge to move the legs, usually accompanied by uncomfortable and unpleasant sensations in the legs. Pain is often a primary component (reported as often as 50% of the time). Symptoms may involve the arms or other body parts. (2) The urge to move/unpleasant sensations become worse during periods of rest or inactivity. (3) Movement partially relieves the urge to move/unpleasant sensations (at least as long as the movement continues). & (4) The urge to move/unpleasant sensations are generally worse at night, or only occur at night. 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. Additionally, with regard to restless legs syndrome, there is no indication that the diagnostic criteria above have been met and no clear rationale for the combination medication with gabapentin and pyridoxine rather than gabapentin alone. In light of the above issues, the currently requested gabapentin pyridoxine is not medically necessary.

Retrospective request for Tramadol 150mg ER/ Ultram ER, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.