

Case Number:	CM14-0172961		
Date Assigned:	10/23/2014	Date of Injury:	01/12/2005
Decision Date:	12/02/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 12, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; adjuvant medications; sleep aids; earlier lumbar laminectomy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 30, 2014, the claims administrator partially approved a request for Neurontin, apparently for weaning purposes, and denied a request for Ambien outright. The applicant's attorney subsequently appealed. In a progress note dated September 22, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 5-7/10. The applicant stated that his medications were beneficial. The applicant was receiving manipulative therapy, it was noted. The applicant medications included Morphine, Valium, Ambien, Viscous lidocaine, Soma, and Aspirin. In another section of note, it was stated that the applicant's pain was severely impacting the applicant's family relationships, work, mood, concentration, and overall functioning. Morphine, Soma, and Ativan were renewed. In a September 8, 2014 progress note, the applicant reported a flare of low back pain, 9/10. It was again stated that the applicant's pain was severely impacting family relationships, functioning, mood, concentration, and sleep. The applicant was very uncomfortable, had difficulty sitting in the office setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg, #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is seemingly off of work. Ongoing usage of Neurontin has failed to curtail the applicant's dependence on opioid agents such as morphine. Per the applicant's own self-report, ongoing medication consumption has failed to improve poor family relationships, diminished ability to work, poor concentration, poor mood, poor overall levels of functioning, and an altered sleep pattern. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Neurontin. Therefore, the request is not medically necessary.

Ambien 10 mg #14 with 3 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): Pain, Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section. Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food And Drug Administration (FDA) notes that Ambien is indicated for short-term treatment of insomnia, for up to 35 days. In this case, the 14-tablet supply of Ambien proposed here, with three refills, implies chronic, long- term, and/or scheduled usage of Ambien. This is not an FDA-endorsed role for the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.