

Case Number:	CM14-0185368		
Date Assigned:	11/13/2014	Date of Injury:	10/03/2007
Decision Date:	12/19/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 Interventional Spine 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 patient is a 48-year old female with an injury date of 10/03/07. The 10/07/14 progress report states that the patient presents with lower back pain with radicular symptoms to both lower extremities that is aggravated by any bending, twisting or turning. Pain is rated 8/10 and limits mobility and activity tolerance. On 09/04/14 the patient also presented with neck pain radiating to both upper extremities. The 10/07/14 examination reveals tenderness to palpation about the lumbar paravertebral musculature and sciatic notch regions with trigger point and taut bands. Sensation is decreased along the posterior lateral thigh, lateral calf and dorsum of the foot at about the L5 or S1 distribution. The patient's diagnoses include: 1. Lumbar post-laminectomy syndrome with bilateral lower extremity radiculopathy, left greater than right 2. Status post laminectomy L4, L5 (05/01/09) 3. Status post L4-5 AP fusion (08/26/10) 4. Cervical myoligamentous injury 5. Reactionary depression/anxiety 6. Medication induced gastritis Current medications are listed as Norco, Anaprox, Neurontin, Prilosec, Ambien and Prozac. The utilization review being challenged is dated 10/15/14. Reports were provided from 03/04/13 to 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents with lower back pain radiating to both lower extremities rated 8/10. The physician requests for NEURONTIN 600 mg #90. It is unknown exactly when the patient started this medication. It first shows as refilled on 05/02/14. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The physician states in the 10/07/14 report, "She has noted a slight decrease in her radicular symptoms after initiating Neurontin 600 mg which she takes up to 3 times a day. In this case, this medication is intended for neuropathic pain which is present in this patient, and the physician has documented that it helps. Neurontin 600mg #90 is medically necessary.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Zolpidem (Ambien),

Decision rationale: The patient presents with lower back pain radiating to both lower extremities rated 8/10. The physician requests for AMBIEN 10 mg #30. The reports show that patient was taking this medication on 03/04/13 and from 06/23/14 to 10/07/14. ODG guidelines Mental Illness and Stress Chapter, Zolpidem (Ambien), state, "Not recommended for long-term use, but recommended for short-term use." ODG Pain Chapter further states usually two to six weeks for treatment of insomnia. ODG Pain Chapter states this medication is recommended for 7-10 days treatment of insomnia. The 10/07/14 report states the patient was diagnosed on 10/31/12 with major depressive disorder sleep disorder and insomnia. ODG recommends this medication for treatment of insomnia, however, not for long-term use. The physician does not discuss the medication, and it appears use has been at least months longer than the 7-10 days recommended. Therefore, Ambien 10mg #30 is not medically necessary.