

Case Number:	CM14-0217281		
Date Assigned:	01/07/2015	Date of Injury:	01/26/2007
Decision Date:	03/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female sustained an industrial related injury between 11/2005 and 01/27/2011 from cumulative trauma with a new injury on 10/14/2011 resulting from a fall. The results of the injury included injury to the right leg, shoulder and neck. Per the Agreed Medical Re-evaluation (AME) (01/09/2015), the injured worker's subjective complaints included neck and shoulder pain (right greater than the left), and low back pain with severity levels at 6-7/10. The injured worker also reported anxiety issues without recent panic attacks, fatigue, weakness, muscle tremors, headaches, visual difficulties, teeth grinding, and sleep disturbance. Objective findings on this report included an improved GAF score from 59 to 64 currently. Treatment to date has included right shoulder arthroscopy (11/2011), physical therapy, chiropractic treatments, acupuncture, traction, and medications. Diagnostic testing has included MRIs of the neck and low back (11/2014); however, these results were not available for review. Current diagnostic impression included depressive disorder with anxious features; dependent and hypochondriacal personality features, reconfirmed by objective psychological testing; orthopedic injuries; chronic pain; physical dysfunction; and GAF of 64. The rationale for the requested medications was not provided. Treatments in place around the time the medications were requested included current medication regimen. There was no reported increase in the injured worker's pain. Functional deficits and activities of daily living were not addressed; therefore, there was noted changes in these areas. Work status was unchanged as the injured worker continued to work with restrictions. Dependency on medical care was unchanged. On 11/24/2014, Utilization Review non-certified a request for Sonata 10 mg 1 HS which was requested on 11/17/2014. The Sonata

was non-certified based on the absence of benefit from this medication and the recommendation for short term use only. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Sonata 10 mg 1 HS. On 11/24/2014, Utilization Review non-certified a request for Diclofenac 100 mg 1 BID which was requested on 11/17/2014. The Diclofenac was non-certified based on the lack of pain reduction or functional improvement. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Diclofenac 100 mg 1 BID. On 11/24/2014, Utilization Review modified a request for Gabapentin 550 mg 1 TID which was requested on 11/17/2014. The Gabapentin 550 mg 1 TID was modified to Gabapentin 550 mg for one month based on the lack of pain reduction with use of this medication and the point that this medication should not be abruptly discontinued. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of Gabapentin 550 mg 1 TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10 mg one 1 HS: 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) Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics

Decision rationale: Regarding the request for Sonata, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) 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 are no statements indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Sonata treatment. Finally, there is no indication that Sonata is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Sonata is not medically necessary.

Diclofenac 100 mg one 1 BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID section Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.

Gabapentin 550 mg one 1 TID: Upheld

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 C.C.R. 9792.20 - 9792.26 MTUS Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), 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. 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. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.