

Case Number:	CM14-0038071		
Date Assigned:	06/25/2014	Date of Injury:	02/24/2008
Decision Date:	01/02/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/01/2014

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 neck, low back, wrist, and elbow pain reportedly associated with an industrial injury of February 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar laminectomy surgery; earlier left and right carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 20, 2014, the claims administrator approved a request for Norco and Colace while denying a request for Gralise (Gabapentin), Ambien, lumbar MRI imaging, and a TENS unit. The applicant's attorney subsequently appealed. On March 10, 2014, the applicant reportedly ongoing complaints of 7/10 low back pain radiating to the bilateral legs. The applicant's neck was doing comparatively better. The applicant's BMI was 26. The applicant exhibited some diminution of upper extremity shoulder strength. Right lower extremity strength ranged from 4 to 4+ to 5/5 versus 5/5 about the left lower extremity. Hyposensorium was noted about the L5-S1 distributions bilaterally. Lumbar MRI imaging, a TENS unit, Gralise, Ambien, Norco, Solace, and permanent work restrictions were endorsed. The applicant had previously "retired" at age 35, it was suggested. The attending provider stated that the applicant was more functional on medications but did not elaborate. On February 7, 2014, it was stated that the applicant was pending authorization for lumbar MRI imaging and a TENS unit. The applicant was status post earlier cervical radiofrequency ablation procedure, it was stated. Permanent work restrictions were again endorsed. Lumbar MRI imaging, a TENS unit, Gralise, Ambien, Norco, and Colace were endorsed. It was stated that the applicant was having difficulty tolerating short-acting Gabapentin and that Gralise (long-acting Gabapentin) had therefore been endorsed. On December 6, 2013, it was suggested that the applicant had previously received a TENS unit. It was acknowledged that the applicant was not working with

permanent limitations in place. Persistent complaints of low back pain radiating to the legs was appreciated. It was again stated, in a somewhat templated manner, that the applicant was more functional on medications and that Colace was ameliorating issues with opioid-induced constipation. The applicant's medication list included Gralise, Ambien, Norco, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300mg ER #60: Upheld

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

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin 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. Here, however, the applicant is off of work. The applicant is not working, at age 35. Permanent work restrictions remain in place, unchanged, from visit to visit, despite ongoing usage of Gralise (gabapentin). Ongoing usage of Gralise (gabapentin) has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report pain complaints as high as 7-8/10, despite ongoing usage of Gralise (gabapentin). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gralise (gabapentin). Therefore, the request is not medically necessary.

Ambien 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management 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. Here, however, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia for up to 35 dyas. Here, however, the applicant appears to have been using Ambien for what appears to be a span of several months to several years. The applicant was using Ambien on office visits of December 6, 2013, February 2, 2014 and March 10, 2014. Long-term usage of Ambien runs counter to FDA label.

The attending provider failed to furnish any compelling applicant-specific rationale which would support such usage. Therefore, the request is not medically necessary.

MRI Lumbar spine: 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) (http://www.odg-twc.com/low_back.htm#MRIs)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, does acknowledge that MRI imaging is recommended as a test of choice for applicants who have had prior back surgery, as appears to be the case here, this recommendation, however, is qualified by commentary made in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 204 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider further surgical intervention involving the lumbar spine based on the outcome of the same. Therefore, the request is not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: The applicant was described as having previously received a TENS unit trial on an office visit of December 6, 2013. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, however, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain relief and function. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit. Therefore, the request is not medically necessary.