

Case Number:	CM15-0010246		
Date Assigned:	01/27/2015	Date of Injury:	02/04/2002
Decision Date:	03/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 47- year old male, who sustained an industrial injury on February 4, 2002. The diagnoses have included lumbar pain with myelopathy and radiculopathy, L4-L5 disc protrusion; L5-S1 disc bulge lumbar spondylosis, left lumbar radiculitis and lumbar face joint disease. Treatment to date has included pain medications, epidural steroid injections, physical therapy with home exercise program. Currently, the Injured Worker complains of low back pain that was constant, dull, throbbing and rated a five on a scale of ten. Pain was reported to occasionally radiate down his left leg. Pain was reported to be aggravated by prolonged sitting and to reduce with changing position. On January 14, 2015, the Utilization Review decision non-certified requests for Gabapentin 300mg, count 30 with three refills and Eszopiclone 3mg, count 30 with three refills. The requests were modified to approve the request for Gabapentin as written without any refills. The Eszopiclone was modified to approve one prescription of 15-count with no refills. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 17, 2015, the injured worker submitted an application for IMR for review of a prescription of Gabapentin 300mg, count 30 with three refills and Eszopiclone 3mg, count 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Additionally, ODG states that Gabapentin 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. Refills of Gabapentin are not recommended. Continued re-evaluation for functional improvement is necessary. As such, the request for Gabapentin 300mg #30 with 3 refills is not medically necessary.

Eszopiclone 3mg #30 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, insomnia, Mental Illness, Eszopiclone (Lunesta)

Decision rationale: ODG states regarding Eszopiclone, not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. For insomnia ODG recommends that Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not

within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents do not indicate what components of insomnia has been addressed, treated with conservative measures, and the results of those conservative treatments. This medication is not recommended for long term use. As such, the request for Eszopiclone 3mg #30 with 3 refills is not medically necessary.