

Case Number:	CM15-0112030		
Date Assigned:	06/18/2015	Date of Injury:	03/28/2008
Decision Date:	08/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 33 year old female with a March 28, 2008 date of injury. February 06, 2015 office note documented complaints of pain which was unrelieved by medications. A progress note dated April 17, 2015 documents subjective complaints (lumbar spine feel slightly better today; difficulty sleeping; pain rated at a level of 8/10), objective findings (decreased range of motion of the lumbar spine; tightness and spasm in the lumbar paraspinal musculature bilaterally; hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level , bilaterally; weakness with big toe dorsiflexion and plantar flexion, bilaterally), and current diagnoses (lumbar disc herniation with radiculitis/radiculopathy; symptoms of anxiety and depression; symptoms of insomnia). Treatments to date have included carpal tunnel release and medications. The treating physician documented a plan of care that included Gabapentin, Zanaflex, Ambien, and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tabs Gabapentin 800 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: MTUS recommends anti-epilepsy drugs including gabapentin for neuropathic pain. Concerning a trial of gabapentin, MTUS states: "Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended." Based upon lack of documented symptomatic or functional response to gabapentin, continuation of this medication is not supported by MTUS. The request is not medically necessary.

120 Tabs Zanaflex 4 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 66 of 127.

Decision rationale: MTUS recommends Zanaflex (tizanidine) for treatment of spasticity. No spasticity is documented in this case. MTUS notes some evidence for efficacy for off-label use of tizanidine for treatment of other conditions including chronic low back pain and myofascial pain. However, due to lack of any documented symptomatic or functional improvement with use of tizanidine, continuation of this medication is not supported by MTUS. The request is not medically necessary.

60 Tabs Ativan 1 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: MTUS does not recommend long-term use of benzodiazepines for any condition, noting lack of proven efficacy, potential for dependence, and rapid development of tolerance to the anxiolytic, hypnotic, and muscle relaxant effects of benzodiazepines. Evidence of effectiveness of benzodiazepine treatment is not documented in this case. The request is not medically necessary.

30 Tabs Ambien 10 MG: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 07/15/15), Zolpidem (Ambien®).

Decision rationale: MTUS is silent concerning zolpidem. ODG recommends zolpidem for short-term (7-10 days) treatment of insomnia, and does not recommend chronic use of this medication. ODG cites an FDA recommendation for dosage reduction of immediate-release zolpidem to 5 mg in women. Detail concerning claimant's current sleep pattern is not documented. Response to zolpidem is not documented. Non-pharmacological treatments for insomnia including sleep hygiene measures are not documented. A rationale for a dosage of immediate-release zolpidem exceeding 10 mg in a female patient is not documented. Due to lack of support by evidence-based guidelines for chronic use of zolpidem or the current dosage of zolpidem, as well as lack of documented response to zolpidem or a trial of non-pharmacologic treatments, the request is not medically necessary.