

Case Number:	CM15-0116785		
Date Assigned:	07/23/2015	Date of Injury:	07/27/2002
Decision Date:	09/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on July 27, 2002. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having low back pain, spinal/lumbar degenerative disc disease, disc disorder lumbar, and chronic pain syndrome. Diagnostic studies were not included in the provided medical records. Treatment to date has included a home exercise program and medications including sleep, anti-epilepsy, muscle relaxant, medical food, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted co-morbidities. On April 27, 2015, the injured worker complained of continued pain of the head, neck, upper back, mid back, lower back, and left foot. She reported her pain level was 7/10, which was unchanged since the last visit. She complained of a headache, also. Her pain was described as sharp, aching, and throbbing. She uses Zolpidem and Gabapentin for sleep and her sleep remains fair. She is not working. The physical exam revealed a slowed but non-antalgic gait, and pain and tenderness above the waist, below the waist, and both sides of the body suggestive of fibromyalgia. The motor and sensory exams were normal. Requested treatments include: Gabapentin, Amrix ER, and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, pp. 16-22 Page(s): 16-19.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was record going back many months showing gabapentin use. It is unclear how effective this medication was when first initiated as this was not included in the notes available for review. Recent reports also did not discuss the measurable benefits of this medication, independent of the other medications, to help justify its continuation, which is required at least periodically. Therefore, with pain levels being reported from 7-8/10 with medication use, there should be more specific documentation regarding how effective the gabapentin alone affects the pain and function. Previous reports mentioned the medications not working as well, but this was not quantified. Therefore, based on the current documentation, the gabapentin request is not medically necessary.

Amrix ER 15mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41; 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of using Amrix chronically leading up to this request to continue its use chronically, which is not recommended in general for this drug type as mentioned above. Also, there was no report of how effective this medication was, independent of the other medications used. Therefore, the Amrix request is not medically necessary.

Zolpidem 10mg #23 with 2 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.

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 section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, Zolpidem was reported as being somewhat helpful for the worker to be able to sleep with its use in the past. However, Zolpidem was used intermittently over many months leading up to this request, which is not recommended for this drug type, according to the Guidelines. Therefore, this request for Zolpidem is not medically necessary.