

<b>Case Number:</b>	CM15-0117449		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Texas, Florida, California

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 62 year old male with a February 23, 2009 date of injury. A progress note dated May 12, 2015 documents subjective complaints (back pain which is worse; pain rated at a level of 9-10/10; pain is going across the neck and shoulders bilaterally, but mostly across the low back and into the ankles and feet; has been stressed and depressed), objective findings (increased lumbar and cervical lordosis; trigger points palpated in the splenius capitis, upper and lower trapezius region, and sternocleidomastoid area; paresthesias in digits 1, 2, and 3 of the hand on the right, and digits 1 through 5 on the left; paresthesias along the medial aspect of the right and left leg; diffuse weakness of the shoulders with abduction; diffuse weakness of the elbows with flexion and extension; weakness of the bilateral hips; weakness of the bilateral knees and ankles; positive Spurling's examination; positive Adson's test; positive straight leg raise test bilaterally; positive sacroiliac joint compression test bilaterally; antalgic gait on the left more so than the right), and current diagnoses (cervical radiculitis; cervical brachial syndrome; lumbar radiculitis; lumbar disc degeneration; chronic pain syndrome). Treatments to date have included medications and use of a cane for balance. The medical record indicates that medications have not been helpful or effective. The treating physician documented a plan of care that included Gralise, Ambien, and a surgical second opinion for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600 mg, ninety count:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and 19 of 127.

**Decision rationale:** This claimant was injured in 2009. The diagnoses were cervical radiculitis; cervical brachial syndrome; lumbar radiculitis; lumbar disc degeneration; and a chronic pain syndrome. Treatments to date were medications and use of a cane for balance. The medical record indicated that medications have not been helpful or effective. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain, pain due to nerve damage. However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. The request is not medically necessary.

**Ambien 10 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

**Decision rationale:** As shared, this claimant was injured in 2009. The diagnoses were cervical radiculitis; cervical brachial syndrome; lumbar radiculitis; lumbar disc degeneration; and a chronic pain syndrome. Treatments to date were medications and use of a cane for balance. The medical record indicated that medications have not been helpful or effective. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) I was not able to find solid evidence in the guides to support long term usage. The request is not medically necessary.

**Surgical 2nd opinion for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** As shared previously, this claimant was injured in 2009. The diagnoses were cervical radiculitis; cervical brachial syndrome; lumbar radiculitis; lumbar disc degeneration; and a chronic pain syndrome. Treatments to date were medications and use of a cane for balance. The medical record indicated that medications have not been helpful or effective. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.