MAXIMUS Federal Services

Case Number:	CM15-0174409		
Date Assigned:	09/16/2015	Date of Injury:	09/17/2013
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 27 year old male, who sustained an industrial injury on 9-17-13. Medical record indicated the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease, sacroiliac joint dysfunction, sacroiliac joint pain, chronic pain syndrome, myalgia and pelvic pain. Treatment to date has included oral medications including Silenor (which was very helpful with sleep) Norco, Tramadol, Gabapentin and Nortriptyline; therapeutic mattress and activity modifications. Urine drug screen performed on 6-26-15 was consistent for all medication with the exception of Nortriptyline. (MRI) magnetic resonance imaging of lumbar spine performed on 2-20-15 revealed old left L5 transverse process fracture with surrounding heterotopic ossifications, pelvic surgical changes, degenerative disc disease of lower lumbar spine worst at L5-S1, small disc bulges with annular tears, mild neural foraminal at L5-S1 and multilevel joint fact osteoarthritis. On 6-23-15 and on 8-18-15, the injured worker complains of continued, unchanged low back and hip pain; he also notes increased insomnia associated with chronic pain. He described the pain as aching and stabbing pain in low back and pelvis with occasional pins and needles and numbness in right leg and rates the pain 6 out of 10 without medications and 3 out of 10 with medications. He is temporarily totally disabled. Physical exam on 6-23-15 and 8-18-15 revealed an antalgic gait, above knee amputation of right leg, mild tenderness to palpation bilaterally of sacroiliac joints, moderate tenderness to palpation over the paraspinal muscles and limited range of motion due to pain and balance at all fields. The treatment plan included prescriptions for Norco, Tramadol ER, Gabapentin and Silenor 6mg and an ice pack. On 8-26-15 utilization review non-certified requests for Gabapentin 600mg #90

noting it is recommended for treatment of diabetic painful neuropathy and post herpetic neuralgia and a first line treatment for neuropathic pain, there is no documentation of neuropathic pain and modified Silenor 6mg #30 with 1 refill to #30 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 6mg one tab by mouth at bedtime as needed quantity 30 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS is silent on the use of Silenor. With regard to insomnia, ODG guidelines "recommend that treatment be based on the etiology, with the medications recommended below. 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." Per progress report dated 8/18/15, it was noted that the injured worker complained of an increase of insomnia associated with chronic pain. It was noted that he was given samples of Silenor and it was very helpful. He was able to fall asleep faster and stay asleep. The request is medically necessary.

Neurontin 600mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 4/2015. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary.