

Case Number:	CM15-0040297		
Date Assigned:	03/10/2015	Date of Injury:	12/09/2004
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/03/2015

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

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:

The injured worker is a 67-year-old male, who sustained an industrial injury on December 9, 2004. He reported right knee and back pain following a slip and fall. The injured worker was diagnosed as having acute lumbosacral strain and sprain of the right knee. Comorbid conditions includes obesity (BMI 34.6). Treatment to date has included durable medical equipment, pain medication, right knee arthroscopy with partial medial meniscectomy and chondroplasty, medial femoral condyle and undersurface of patella. Currently, the injured worker complained of pain in the lower back and groin. He described the pain as burning, dull and intermittent. The pain radiated into bilateral lateral thigh and posterior thigh. Exam showed lumbar paravertebral tenderness and decreased range of motion, straight leg raise positive on the left, decreased sensation to left lateral thigh, full motor strength in lower extremities and absent bilateral reflexes at the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-Epileptic Drugs Page(s): 16-9, 49, 113.

Decision rationale: Gabapentin (Neurontin) is classified as an anticonvulsant (anti-epilepsy) drug used to treat epilepsy, migraines, bipolar disorder and the management of alcohol dependence. It is also recommended as a first line treatment for neuropathic pain although the literature to support its use comes mostly from studies of postherpetic neuralgia and diabetic polyneuropathy. A response to anti-epileptic medication in controlling pain in patients with neuropathic pain has been defined as a 30-50% reduction in pain. Studies looking at the efficacy of gabapentin suggests when used with opioids, patients used lower doses of medications and had better analgesia. Of note, the MTUS recommends if this medication is to be changed or stopped it be weaned in order to avoid precipitating a seizure (based on studies with epileptic patients). This patient has neuropathic pain and although there is no documentation of a 30-50% pain reduction the notes do annotate improved functioning (improved activities of daily living) while on this medication. Medical necessity for continued use of this medication has been established.

Ambien controlled released 12.5 mg #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4(5):487-504.

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia, defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment, is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. This patient has been taking zolpidem for longer than 6 weeks and is still experiencing frequent nighttime awakenings. A full evaluation for the etiology for his chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. The patient is taking a first-line medication for chronic pain and still requires additional medication for controlling his pain. Additionally, the provider has documented beneficial effects of opioids to decreased pain and increased function. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following this criteria. Considering all the above, medical necessity for continued use of Norco has been established.

Ativan 1 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines; Weaning from Medications Page(s): 24, 66, 124.

Decision rationale: Ativan (lorazepam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven and tolerance to its effectiveness occurs quickly. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has taking this medication for over 2 months, assumedly for its muscle relaxant effect. Continued use is not indicated. Medical necessity has not been established but because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering.