

Case Number:	CM15-0073002		
Date Assigned:	04/23/2015	Date of Injury:	10/09/2009
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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: North Carolina, Georgia
 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 41 year old male with an industrial injury dated October 9, 2009. The injured worker diagnoses include ankle/foot joint pain and reflex sympathetic dystrophy (RSD) of lower limb. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/31/2015, the injured worker reported flare-up of neuropathic pain. The injured worker rated pain a 7-8/10. The injured worker reported twitching in left foot and electrical pain throughout entire left side. Objective findings revealed decrease mobility and increase stiffness in the left foot and ankle, left foot scar with protruding lump, positive allodynia, hyperalgesia at the surface of the left foot and ankle area, and tenderness to palpitation with radiation into rest of foot. Right hip revealed tenderness and increased pain with range of motion. The treating physician prescribed Lyrica 75mg #180 and Ambien 10mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 16-20.

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. The claimant is already taking gabapentin. The use of Lyrica and gabapentin together is not medically indicated. Adding a medication from a different medication would be a more medically appropriate option if pain is uncontrolled. Lyrica is not medically indicated with concomitant gabapentin use.

Ambien 10mg, #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), Pain Chapter, Ambien (Zolpidem).

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

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep & sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records do not document adequate investigation of the insomnia complaint nor do they document any behavioral interventions. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld and not medically necessary.