

Case Number:	CM14-0149389		
Date Assigned:	09/18/2014	Date of Injury:	03/28/2007
Decision Date:	10/20/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male who sustained an injury on CT 03/28/07. He continues to have persistent thoracic and low back pain which is worse with long walks. He has a lot of pain in his right groin and right lower extremity to the posterior thigh and back of the knee. He has been having difficulty handling his depression. On exam, he had diminished range of motion in the lumbar spine with pain. He had good strength in both lower extremities. MRI of the thoracolumbar spine on 11/8/13 revealed spinal cord compression at T9-10, T12-L1 and L1-L2 with compression of the conus. There was possible myelomalacia at T9-10. MRI of the L-spine on 11/18/13 revealed moderate to severe stenosis at multiple levels, worse at L3 to S1. Surgeries include right femur fracture, jaw construction, tear duct surgery, failed morphine pump, and thoracic multilevel laminectomy and discectomy from T10 to T12 on 01/30/14. Current medications include Ultracet, Motrin, Prilosec, Ambien, and gabapentin, which are helpful. He is allergic to erythromycin. He had epidural steroid injection on 07/11/14, which helped to decrease his pain by about 50%. He was treated with physical therapy and chiropractic, several injections, and intrathecal pump and acupuncture with only mild relief. Diagnoses included chronic thoracic pain, chronic low back pain, right lower extremity pain, detoxification program through Betty Ford clinic, thoracic multilevel laminectomy and discectomy from T10 to T12, on 01/30/2014, and recurrent major depressive disorder and ED. The request for Neurontin 300mg # 180, Ultracet 37.5/325mg # 120, and Ambien 10mg # 60 was denied on 08/13/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg # 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain and has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Regarding lumbar spinal stenosis, Gabapentin produced statistically significant improvement in walking distance, decrease in pain with movement and sensory deficit in a pilot study. In this case, the IW is noted to have neuropathic pain in the form of radiation into his right lower extremity, as well as severe multilevel spinal stenosis. As such, the medical necessity of Gabapentin has been established under the guidelines; therefore the request is medically necessary.

Ultracet 37.5/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 11-12,78-80,93-94, 124. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74.

Decision rationale: According to the CA MTUS Guidelines, Ultracet (Tramadol + Acetaminophen) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Ultracet has not been established. The request is not medically necessary.

Ambien 10mg # 60: 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), Pain

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Additionally, it is unclear from the records for how long the IW has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Furthermore, there is no documentation of any significant improvement in sleep with chronic use. Thus, the request is not medically necessary.