

Case Number:	CM13-0015324		
Date Assigned:	10/07/2013	Date of Injury:	04/29/2000
Decision Date:	02/04/2014	UR Denial Date:	08/18/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

This 70 year-old male sustained an injury on 4/29/00 while employed by [REDACTED]. Requests under consideration include 1 Prescription of Xanax 1 mg #120 between 08/12/2013 and 10/13/2013 and 1 Prescription of Gabapentin 300mg #90 with 1 refill between 08/12/2013 and 10/13/2013, 1 Prescription of Ambien 10mg #30 with 2 refills between 08/12/2013 and 10/13/2013, and 18 PHYSICAL THERAPY (PT) Sessions for the lumbar spine between 08/12/2013 and 10/13/2013. Per report of 8/12/13 from [REDACTED] the patient complained of low back, neck and shoulder pain with headaches, limiting function and range of motion. Pain was rated at 7-9/10. Exam showed pain and tenderness elicited across cervical spine on extension along the facet joints with normal strength in the upper and lower extremities without evidence of sensory loss. Above requests were non-certified on 8/16/13, citing guidelines criteria and lack of medical necessity

IMR ISSUES, DECISIONS AND RATIONALES

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

for Prospective request for 1 Prescription of Xanax 1 mg #120 between 08/12/2013 and 10/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 70 year-old male sustained an injury on 4/29/00 while employed by [REDACTED]. Per report of 8/12/13 from [REDACTED], the patient complained of low back, neck and shoulder pain with headaches, limiting function and range of motion. Pain was rated at 7-9/10. Exam showed pain and tenderness elicited across cervical spine on extension along the facet joints with normal strength in the upper and lower extremities without evidence of sensory loss. Per review, it appears the patient has been prescribed Xanax since at least September 2012 without subjective or functional benefit documented. There is no report of acute exacerbation or new injuries reported. Xanax Tablets (alprazolam)] is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Review of this medication was partially-certified previously with recommendation for weaning the patient off by May 2013; however, it appears treatment regimen has remained unchanged. The 1 Prescription of Xanax 1 mg #120 between 08/12/2013 and 10/13/2013 is not medically necessary and appropriate

Prospective request for 1 Prescription of Gabapentin 300mg #90 with 1 refill between 08/12/2013 and 10/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: This 70 year-old male sustained an injury on 4/29/00 while employed by [REDACTED]. Per report of 8/12/13 from [REDACTED] the patient complained of low back, neck and shoulder pain with headaches, limiting function and range of motion. Pain was rated at 7-9/10. Exam showed pain and tenderness elicited across cervical spine on extension along the facet joints with normal strength in the upper and lower extremities without evidence of sensory loss. Although Gabapentin 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; however, submitted reports have not adequately demonstrated the specific indication to support for Gabapentin without clinical findings of neurological deficits or neuropathic pain. Previous treatment with Gabapentin has not resulted in any functional benefit. The 1 Prescription of Gabapentin 300mg #90 with 1 refill between 08/12/2013 and 10/13/2013 is not medically necessary and appropriate.

Prospective request for 1 Prescription of Ambien 10mg #30 with 2 refills between 08/12/2013 and 10/13/2013: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Benzodiazepines.

Decision rationale: This 70 year-old male sustained an injury on 4/29/00 while employed by [REDACTED]. Per report of 8/12/13 from [REDACTED], the patient complained of low back, neck and shoulder pain with headaches, limiting function and range of motion. Pain was rated at 7-9/10. Exam showed pain and tenderness elicited across cervical spine on extension along the facet joints with normal strength in the upper and lower extremities without evidence of sensory loss. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The 1 Prescription of Ambien 10mg #30 with 2 refills between 08/12/2013 and 10/13/2013 is not medically necessary and appropriate.

Prospective request for 18 Physical therapy (PT) Sessions for the lumbar spine between 08/12/2013 and 10/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 70 year-old male sustained an injury on 4/29/00 while employed by [REDACTED]. Per report of 8/12/13 from [REDACTED], the patient complained of low back, neck and shoulder pain with headaches, limiting function and range of motion. Pain was rated at 7-9/10. Exam showed pain and tenderness elicited across cervical spine on extension along the facet joints with normal strength in the upper and lower extremities without evidence of sensory loss. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of

physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not demonstrated any acute flare-up, new injuries, neurological deficits or limitations in activities of daily living to support for the physical therapy. The 18 PHYSICAL THERAPY (PT) Sessions for the lumbar spine between 08/12/2013 and 10/13/13 is not medically necessary and appropriate.