

<b>Case Number:</b>	CM13-0020878		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/16/2006
<b>Decision Date:</b>	02/15/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

Under consideration is a request for certification of 1 prescription of Lortab 10mg #30, 1 prescription of Valium 10mg #60 and 1 prescription of Neurontin 300mg #270. Patient is a 60 year old male who had a work injury that occurred with the acute onset of severe back pain on June 16, 2006 when he was carrying a 32-foot extension ladder that was quite heavy. He indicated he has not been able to return to work since that date of injury. He is status post anterior and posterior spine fusion, July 24, 2007 and July 26, 2007, (5) status post emergency surgery on August 3, 2007 for a postoperative hematoma, IMPRESSION: 8/26/13 Lumbar MRI 1. Anterior and posterior fusion at L4 through S1 with interbody disc spacers. 2. Mild degenerative facet disease contributes to try central canal stenosis and mild bilateral neural foraminal narrowing at L3-L4. Patient was diagnosed with: Lumbago, Nerve Entrapment NOS, Lower limb anomaly, GAD, Insomnia. Per Document dated 12/18/12 from [REDACTED] the document states, "The Diazepam 10 mg is for Generalized Anxiety Disorder that is brought on by the lasting effects of the spinal cord injury. He is having continued improvement with this medication. He takes the diazepam once to twice a day as needed. The next medicine is Gabapentin 300mg, used to treat his Peripheral Neuropathy brought on by his Spinal Cord injury that now affects his lower extremities. This is helping the neuropathy and gives him better stability and function of his legs. He takes this medicine three times daily. The last medicine is the Hydrocodone Acetaminophen 10mg-500mg one a day as needed. This medicine is for pain control in his back and his extremities. 10/30/06 [REDACTED] Nerve Conduction Study. Impression: abnormal study: possible bilateral S1 radiculopathy. There is electrodiagnostic evidence of a possible bilateral S1 radiculopathy based solely on the absent H reflexes. This is not diagnostic and clinical correlation is strongly advised. 2

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lortab 10 mg, 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11 - 12, 75, 78 - 80, 91.

**Decision rationale:** The Physician Reviewer's decision rationale: One prescription of Lortab 10mg #30 is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree therefore Lortab is not medically necessary. The Chronic Pain Medical Treatment Guidelines state, " When to Discontinue Opioids:(a) If there is no overall improvement in function, unless there are extenuating circumstances 7) When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain." The request for one prescription of Lortab 10 mg, 30 count, is not medically necessary or appropriate.

**Valium 10 mg, 60:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: One prescription of Valium 10mg #60 is not medically necessary per the MTUS. The ODG mental illness and stress chapter is silent on Valium. Per documentation patient is on Valium for generalized anxiety disorder. Per the MTUS: " 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. " Benzodiazepines: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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects

occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The request for one prescription of Valium 10 mg, 60 count, is not medically necessary or appropriate.

**Neurontin 300 mg, 270:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: One prescription of Neurontin 300mg #270 is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. Prior UR recommended weaning Neurontin as there has been no significant change in function or pain level with prior treatment of this medication. According to the Chronic Pain Medical Treatment Guidelines, "The patient should be asked at each visit as to whether there has been a change in pain or function." Gabapentin can be used in neuropathic pain and postoperative pain, however without significant functional improvement this medication is not medically necessary. The request for Neurontin 300 mg, 270 count, is not medically necessary or appropriate.