

Case Number:	CM13-0038328		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2007
Decision Date:	03/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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 is a male patient with a date of injury of June 25, 2007. A utilization review determination dated September 24, 2013 recommends modified certification of Xanax and Neurontin. Noncertification was recommended for medical marijuana. A progress report dated April 23, 2013 indicates that the patient takes Norco, Xanax, Zanaflex, Neurontin, Anaprox, Ambien, Prilosec, Prozac, Wellbutrin, medicinal marijuana, Dendracin, Vicodin, Remeron, OxyContin, and BuSpar. The note states that the patient has a significant improvement in activities of daily living when using the medications. A progress report dated March 21, 2013 indicates that the patient underwent electrodiagnostic studies with findings of bilateral L5 and S1 radiculopathy. The note indicates that the combination of Norco, Anaprox, Zanaflex, Synovacin, and Dendracin topical analgesic cream has been effective. The patient also uses medicinal marijuana for chronic pain, which enables him to keep his narcotic medication to a minimum, as well as help him sleep at night. A progress report dated September 18, 2013 identifies that the patient agrees to actively participate in self-directed rehabilitation in conjunction with medication used to be able to subjectively and objectively demonstrate that each medication aides to increase their functional abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical marijuana: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cannabinoids Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cannabinoids Page(s): 28.

Decision rationale: Regarding a request for medical marijuana, the MTUS Chronic Pain Guidelines state that the use of cannabinoids is "not recommended." As such, the currently requested medical marijuana is not medically necessary and appropriate.

Neurontin 600mg 4 tabs QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

Decision rationale: Regarding request for Gabapentin, the MTUS Chronic Pain Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Gabapentin is not medically necessary and appropriate.

Xanax 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, section on Benzodiazepines.

Decision rationale: Regarding the request for Xanax, the MTUS Chronic Pain Guidelines state the benzodiazepines are not recommended for long-term use. Within the documentation available for review, it is unclear what diagnosis the Xanax is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Xanax. Finally, there is no indication that the Xanax is being prescribed for short-term use, as recommended by

the MTUS Chronic Pain Guidelines. In the absence of clarity regarding those issues, the currently requested Xanax is not medically necessary and appropriate.