MAXIMUS Federal Services

Case Number:	CM13-0049995		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2012
Decision Date:	07/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 Geriatrics and is licensed to practice in New York. 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 44 year old woman with a date of injury of 3/27/12. She was seen by her physician on 11/7/13 with complaitns of low back pain readitiong to her left lower extremity exacerbated by bending, twisting and lifting. He rmedications inlcuded norco, atenolol, oxycontin, neurontin, prozac, temazepam, robaxin and synthroid. Her physical exam showed tenderness to palpation of the lumbar paraspinal muscles along L3-S1 with restricted range of motion in all planes due to pain. Lumbar discogenic provocative maneuvers were positive and nerve root tension signs negative bilaterally. Muscle strength was 4+/ 5 to 5 /5. Her diagnoses included left L5 radiculopathy with left lower extremity weakness, lumbar stenosis and lumbar sprain/strain. The provider appealed the denial of gabapentin due to her lower extremity radicular symptoms with 30% pain reduction and temazepam which allowed an additional 2-3 hours of sleep per night.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia.

Decision rationale: Benzodiazepenes 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. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for temazepam.

GABAPENTIN 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back and leg pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including narcotics, muscle relaxants and gabapentin. 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. The medical records fail to document any significant improvement in pain (30% stated), functional status or side effects to justify long-term use. She is also receiving opiod analgesics and the gabapentin is not medically necessary.