

Case Number:	CM13-0052792		
Date Assigned:	12/30/2013	Date of Injury:	10/10/2008
Decision Date:	03/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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:

The injured worker is a 57-year-old woman with a date of injury of 10/10/2008. An Agreed Medical Re-evaluation (AME) report by [REDACTED] dated 03/27/2013 identified the mechanism of injury as the member pulling a heavy wheeled pallet when the pallet suddenly tugged in the opposite direction, resulting in lower back pain with subsequent numbness and tingling into both legs. These symptoms overall were treated with physical therapy; aquatic therapy; TENS; epidural steroid injections; L4-5 anterior posterior decompression and fusion with instrumentation on 05/30/2012; and medications including an opioid/acetaminophen combination, an anti-inflammatory, gabapentin 300mg two to three times daily #90, a proton pump inhibitor, zolpidem, alprazolam 0.25mg as needed averaging two to three times per week #12, and topical Xoten (capsaicin, methyl salicylate, and menthol). Notes and assessments by [REDACTED], and [REDACTED] dated 01/15/2013, 03/27/2013, 05/21/2013, 08/08/2013, 08/22/2013, 09/19/2013, and 09/24/2013 described continued symptoms of lower back pain with numbness and paresthesias into both legs that were attributed to lumbar radiculopathy and were associated with interrupted sleep and increased anxiety; the increased anxiety was reported on 08/08/2013 when [REDACTED] started alprazolam in response. The records provided did not report on the subsequent effect of alprazolam on anxiety or sleep and also did not describe its tolerability or side effects. While the date gabapentin was started was not provided, this medication was not reported as being used in [REDACTED] pre-operative report dated 05/16/2012 but was included in the list of active medications in [REDACTED] note dated 01/15/2013. The records provided did not report the subsequent specific effect of gabapentin, but the reports dated as above described an overall stable intensity of uncomfortable numbness and tingling in both legs that was improved with the medication regimen when compared with the intensity without

medications. The provided records did not report on the specific tolerability of gabapentin. ■■■■■ note dated 09/19/2013 and ■■■■■ note dated 09/24/2013 described a MRI done on 08/27/2013 as having shown moderate left neuroforaminal narrowing at L4 and mild central canal stenosis with neuroforaminal narrowing on both sides at L3. A Utilization Review decision was rendered on 10/21/2013 recommending certification for gabapentin but non-certification for alprazolam. Physical therapy notes dated 04/10/2013, 04/15/2013, 04/17/2013, 04/23/2013, 04/25/2013, and 04/29/2013 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg PRN 2-3x per week #12 Neurontin 300mg 2-3x per day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326, Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Benzodiazepines Page(s): 16-19, 24.

Decision rationale: The MTUS Guidelines describe gabapentin as an effective treatment for polyneuropathy and characterize it as first-line therapy. A good response is defined as a 50% reduction in pain and a moderate response as a 30% reduction, which is considered clinically significant. There is also evidence of benefit in treating the sleep interference, impaired mood, and impaired quality of life that can be associated with this type of pain. The Guidelines suggest that after starting treatment, documentation of pain relief, functional improvement, and side effects should be maintained. However, this detailed documentation was not reported in the records provided. While the MTUS Guidelines are silent in regard to alprazolam specifically, the Guidelines do not recommend medications in the benzodiazepine class for long term use because the efficacy in this setting remains unproven, and there is a risk of dependence. Further, tolerance to the anti-anxiety effect can develop within months. The suggestion is a maximal use of up to four weeks. ■■■■■ note dated 08/08/2013 recommended adding this medication. The records provided do not report on the subsequent benefit or tolerability of this medication. In the absence of any such documentation recommended by the Guidelines, the requests for gabapentin and alprazolam are not medically necessary.