

Case Number:	CM14-0004399		
Date Assigned:	02/05/2014	Date of Injury:	07/22/1998
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, 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 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 patient is a 48-year-old male who has filed a claim for lumbosacral disc degeneration associated with an industrial injury date of July 22, 1998. Review of progress notes intermittent "funny bone" type pain in the lower extremity, thigh pain, neck pain, back pain, and significant lower extremity pain. Patient reports falling several times due to lower extremity weakness, associated with numbness and tingling. Patient uses bilateral Lofstrand crutches and an ankle foot orthosis (AFO) on the right, and walks with significant antalgia. Of note, patient still has a pump catheter, which may be causing the lower extremity symptoms. MRI of the thoracic spine dated June 10, 2013 showed mild degenerative loss of disc space height. Treatment to date has included muscle relaxants, opioids, gabapentin, medical marijuana, Xanax, Zofran, ketorolac injections, ice and heat, right-sided piriformis decompression, and cervical fusion and decompression. Utilization review from January 06, 2014 denied the request for Xanax 0.5mg #84; Neurontin 300mg #56; and Ondansetron 8mg #45. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5MG #84: Upheld

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

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

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least May 2013. Patient reports that this medication has significantly improved anxiety, which increases with lower extremity pain. However, this medication is not recommended for long-term use. Therefore, the request for Xanax 0.5mg #84 was not medically necessary.

NEURONTIN 300MG #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

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

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since at least May 2013. However, recent progress notes do not provide information that clearly documents neuropathic pain in this patient. It is noted that the episodes shooting pain that the patient has from the lower thoracic region to the lower extremities have not occurred. Therefore, the request for Neurontin 300mg #56 was not medically necessary.

ONDANSETRON 8MG #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiemetics (for opioid nausea)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. According to ODG, ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Patient has been on this medication since at least May 2013. However, this medication is not indicated for opioid-induced nausea. Therefore, the request for ondansetron 8mg #45 was not medically necessary.

