

<b>Case Number:</b>	CM14-0008698		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/29/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Orthopedic Surger 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 injured worker was injured on July 29, 2003. The injured worker is documented as having utilized Restoril (a benzodiazepine) since April 2013. The injured worker is documented as being on Pantoprazole provided by the patient's primary care physician. On October 22, 2013 the record demonstrates complaints of back pain; follow up for post-laminectomy syndrome with intractable back pain. The injured also has lower extremity pain. The pain without medication is noted as 9-10/10 and with medications is 6/10. The injured does have complaints of bilateral lower extremity numbness and radiating pain. The examination documents diminished, but equivalent deep tendon reflexes of the lower extremities. Lumbar range of motion is diminished, there's a positive straight leg raise bilaterally. Telling in walking also documented as being abnormal. The motor exam documents diminished strength bilaterally in the lower extremities and diminished sensation in the left lower extremity in a L4-5 distribution and in the right lower extremity in an L4-S1 distribution. The examination provided on December 27, 2013 is comparable. The injured does have new complaints of a burning sensation in the mouth with certain medications. The utilization review in question was rendered on January 16, 2014. The reviewer modified the request for Vicodin to 70 tablets with 0 refills, modified the request for Restoril 30 mg (unspecified number of tablets or refills) to authorize 12 tablets, noncertified the request for Dexilant (a proton pump inhibitor), and modified the request for Neurontin from 90 tablets with 2 refills to 90 tablets with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF VICODIN 5/500 MG, #90 WITH 2 REFILLS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines NSAID, GI Sym.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines, Opiates Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) notes that opioid medications may be continued when there is documented evidence of functional improvement or improved pain scale. Based on clinical documentation provided, the injured has demonstrated both. Therefore, the request for 1 prescription of Vicodin 5/500mg #90 with 2 refills is medically necessary and appropriate.

**1 PRESCRIPTION OF RESTORIL 30 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines (May 2009)..

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) recommends against the long-term use of benzodiazepines noting that their efficacy is unproven and there is a risk of dependence. Additionally, the request does not contain the number of tablets or refills requested. As such, the request is considered not medically necessary.

**1 PRESCRIPTION OF DEXILANT 60 MG, #30 WITH 2 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines NSAID, GI Sym.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk Pa, Postsurgical Treatment Guidelines.

**Decision rationale:** The injured has already been documented as being on one proton pump inhibitor, Pantoprazole, it is unclear why an additional proton pump inhibitor needs to be added. When noting the duplication of therapy the request is considered not medically necessary.

**1 PRESCRIPTION OF NEURONTIN 100 MG. #90 WITH 2 REFILLS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS California Chronic Medical Treatment Guidelines, Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** Neurontin is considered a first-line agent in the treatment of neuropathic pain. Based on documentation provided, the combination Neurontin Norco is significantly helping the patient's radiating pain. The clinician specifically indicates there is improved pain control and functional improvement. Therefore, the request for 1 prescription of Neurontin 100mg #90 with 2 refills is considered medically necessary and appropriate.