

Case Number:	CM14-0107585		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2002
Decision Date:	10/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal Medicine, 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 is a 65 year old female who was injured on 07/10/02 sustaining injury to the right lower extremity. The mechanism of injury is not documented in the clinical notes submitted for review. In 09/2008, the injured worker has undergone decompression of the distal sciatic and posterior tibial nerves in the right popliteal fossa with decompression of the posterior tibial nerve at the tarsal tunnel. Current diagnoses include neuropathic pain; status post spinal cord stimulator implant; anxiety depression; and reflex sympathetic dystrophy. The injured worker developed complex regional pain syndrome and severe neuropathic pain in the right lower extremity and subsequently underwent trial of spinal cord stimulation followed by permanent implantation of a Medtronic quad spinal cord stimulating lead with internal pulse generator. The patient obtains approximately 40 to 50% relief of pain in the lower extremity with the stimulator on. The injured worker continues to have neuropathic pain in the distribution of the posterior tibial nerve at the level of the ankle. She currently ambulates without assistance. Clinical note dated 09/19/14 indicated the injured worker complains of right leg pain, with pain level rated as 4/10. Without the medication her pain level is 8/10. The injured worker also indicated she experiences fatigue and muscle weakness. Physical examination revealed tenderness to palpation on the paraspinals, with moderate pressure and light touch allodynia in the right distal ankle. Motor examination showed antalgic gait and weakness, with bilateral lumbar spasm, decreased bilateral lower extremity strength. Medications include Ambien 10mg, Alprazolam 0.25mg, Gabapentin 600mg, Norco 10-325mg, and Cymbalta 60mg. The previous requests for 1 prescription of Alprazolam 0.5mg # 30 and 1 prescription of Gabapentin 600mg # 90 has been certified with modification on 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Benzodiazepines, Alprazolam (Xanax)

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The patient has exceeded the 4 week treatment window. As such, the request for this medication, Alprazolam 0.5mg #30 cannot be recommended as medically necessary at this time.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs.

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

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. There is also no documentation of treatment outcome, which includes improvement in pain and function and decrease in the use of other medications, as a result of medication use. As such, the request for Gabapentin 600mg #90 cannot be recommended as medically necessary at this time.