

Case Number:	CM14-0122413		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2012
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational 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:

This is a 31-year-old male with a 11/12/12 date of injury. The mechanism of injury was not provided in the records submitted for review. According to a progress report dated 7/2/14, the patient reported that he continued to have pain and impaired mobility, along with more tightness and stiffness. He stated that his current medications are providing pain relief and allowing him to perform functional activities of daily living. The patient rated his pain as a 7/10 in intensity with pain medications and as a 10/10 in intensity without pain medications. Objective findings: lumbar spine sensation intact, sciatic notches and sacroiliac joints are tender to palpation, tenderness over lumbar paraspinals with myofascial restrictions and muscle spasms, ROM limited on all planes secondary to pain. Diagnostic impression: sprain of lumbar region, low back pain, lumbar disc pain, lumbar disc herniation with radiculopathy, lumbar radiculopathy, reactive depression, chronic pain syndrome, anxiety. Treatment to date: medication management, activity modification, surgery, aqua therapy. A UR decision dated 7/21/14 denied the requests for Xanax and Gabapentin. Regarding Xanax, the duration for which the patient has been taking Xanax is unknown. An objective psychological evaluation was not performed in the most recent visit as well to demonstrate the presence of a clinically significant condition necessitating medication treatment. Regarding Gabapentin, noting that the patient has reported pain relief with intake of medications and given that significant objective findings were noted in the most recent evaluation, it may be deemed that the requested continued use is appropriate. The UR decision is unclear. It is noted that Gabapentin was non-certified, however, the rationale supports certification of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. According to the reports reviewed, the patient has been taking Xanax since at least 1/29/14, if not earlier. Guidelines do not support the long-term use of Xanax. In addition, the patient is also taking the opioid medications Norco and Oxycontin. The combined use of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for Xanax 0.5 mg, thirty count, is not medically necessary or appropriate.

Gabapentin 300 mg, 270 count: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Anti-Epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is noted that the patient has a diagnosis of lumbar radiculopathy. Guidelines support the use of Gabapentin as a first-line agent for the treatment of neuropathic pain. In addition, the patient stated that his current medications are providing pain relief and allow him to perform functional activities of daily living. He also stated that he would not be able to do anything without the medications. It is documented that the patient takes Gabapentin 300mg, 3 tablets by mouth 3 times a day, making this a request for a 30-day supply. Therefore, the request for Gabapentin 300 mg, 270 count, is medically necessary or appropriate.