MAXIMUS Federal Services

Case Number:	CM14-0150326		
Date Assigned:	09/18/2014	Date of Injury:	10/01/2009
Decision Date:	11/19/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 59-year-old male who reported an injury on 10/01/2009 due to an unknown mechanism. Diagnoses were major depression, single episode, moderate to severe, nonpsychotic, post-traumatic stress disorder, chronic, cognitive disorder not otherwise specified, pain disorder associated with both psychological factors and a general medical condition, and persistent insomnia. The physical examination dated 03/31/2014 revealed that the injured worker's depression remained problematic as he struggled to overcome his marked cognitive impairment and mental confusion to handle simple day to day activities. The injured worker had anxiety with episodes of panic attack. Treatment was to incorporate cognitive behavioral methods and techniques to help improve the injured worker's overall functioning, his coping capacity, and his psychological equilibrium. His treatment focuses on increasing his ability to do more. Medications were not reported. The rationale and Request for Authorization were not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific List, Gabapentin Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. The decision for Neurontin 300 mg #60 is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Page(s): 16-17.

Decision rationale: The decision for Topamax 50 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% in objective functional improvement. The efficacy of this medication was not reported. There was no objective reporting of 30% to 50% improvement in pain. The request does not indicate a frequency for the medication. The decision for Topamax 50 mg #60 is not medically necessary.

Ativan 1mg #45: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request also does not indicate a frequency for the medication. The decision for Ativan 1 mg #45 is not medically necessary.

Buspar 5mg #75: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. There was no objective functional improvement reported for the injured worker. The clinical information submitted for review does not provide evidence to justify continued use of this medication. The decision for BuSpar 5 mg #75 is not medically necessary.

Wellbutrin SR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. There was no objective functional improvement reported for the injured worker. The clinical information submitted for review does not provide evidence to justify continued use of this medication. The decision for Wellbutrin SR 100 mg #60 is not medically necessary.