MAXIMUS Federal Services

Case Number:	CM14-0178143		
Date Assigned:	10/31/2014	Date of Injury:	10/05/2011
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 patient is a 64 year old female who had developed chronic neck and lumbar pain subsequent to an injury dated 10/05/11. The neck and low back pain is described to have radiculopathic/neuropathic characteristics with radiation into the extremities. She has been managed with oral analgesics that are documented to diminish pain levels about 50%. She continues to work full time and has not displayed aberrant medication related behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5 mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines Section

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

Decision rationale: MTUS Guidelines do not support the long-term use (greater than 4 weeks) of Benzodiazepines for chronic pain or conditions related to chronic pain. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Lorazepam .5mg. #30 with 3 refills is not medically necessary.

Vicodin 5/300 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 9, 74, and 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of Opioids if there is pain relief, functional benefits and no aberrant drug behaviors. It is clearly documented that this patient meets these criteria. There is a 50% improvement in pain, she continues to work full time and there are not aberrant behaviors. The Vicodin 5/300 mg #90 is medically necessary.

Neurontin 300 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 19.

Decision rationale: MTUS Guidelines supports a trial of Neurontin for this patient's condition. However, Guidelines are specific that before long-term use is justified a 3-8 week trial with dose adjustment is recommended with timely re-evaluations to check for benefits, adjust dosages and monitor for side effects. Once maximum dose is reached a 1-2 week extension is recommended to evaluate for benefits. A limited trial of Neurontin is Guidelines supported. The Neurontin 300 mg #60 with 3 refills is medically necessary and should be adequate for the recommended trial period.