

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0025089 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 03/24/2000 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/08/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old male who is reported to have sustained injuries to his low back on 03/24/00. On this date he is reported to have slipped down some stairs ultimately landing on his back. The clinical record indicates that the injured worker sustained an L5-S1 disc herniation and subsequently underwent a discectomy at L5-S1. He returned to work and developed a recurrent herniation in 2005. This resulted in the performance of anterior posterior fusion at the L5-S1 level. Postoperatively, the injured worker apparently did not fare well and subsequently was identified as having a failed back surgery syndrome. On 01/15/08, he underwent implantation of a permanent spinal cord stimulator. Records indicate that the injured worker later underwent a left elbow decompression in 03/09. Current medications include Rozerem, Senokot, Colace, Wellbutrin, Zolpidem 10mg, Valium 5mg, Norco 10/325mg, Neurontin 600mg, Morphine Sulfate 15mg, Provigil, Ranitidine, and Voltaren gel. On physical examination, the injured worker is reported to be calm and in moderate pain. He is noted to have a slow and antalgic gait assisted by a cane. Range of motion of the lumbar spine is restricted. On palpation, there are paravertebral spasms and tenderness. On examination of the left knee, there is restricted range of motion with pain. There is tenderness to palpation noted over the medial joint line. Motor strength is graded as 5-/5 on the right and 5/5 on the left. Sensation is decreased on the right side with a patchy distribution in the elbow, forearm, hand, 3rd, 4th, and 5th digits. There is decreased sensation to pin prick over the right side, patchy distribution in the elbow, forearm, hand, 3rd, 4th, and 5th digits. Deep tendon reflexes are 1/4 and symmetric. The record contains a utilization review determination dated 02/07/14 in which requests for Trazadone 50mg #60, Neurontin 600mg #150, and Valium 5mg #24 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAZADONE 50MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-18.

Decision rationale: The request for Trazadone 50mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome and subsequent implantation of a spinal cord stimulator. Throughout the clinical records, it is noted that the injured worker has complaints of anxiety and depression for which Trazadone would be clinically indicated. In addition to this, the injured worker has extensive neuropathic pain for which there may be some benefit from the use of Trazadone. Based on the submitted clinical records, the request is supported as medically necessary.

ONE PRESCRIPTION OF NEURONTIN 600MG #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin, anti epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Page(s): 16-22.

Decision rationale: The request for Neurontin 600mg #150 is recommended as medically necessary. The submitted clinical records clearly indicate that the injured worker has failed back surgery syndrome and subsequent implantation of a permanent spinal cord stimulator. The record notes in multiple clinical notes that the injured worker has a significant reduction in his neuropathic pain with the use of Neurontin. As such, there is sufficient clinical information to establish the medical necessity for the continued use of this medication.

ONE PRESCRIPTION OF VALIUM 5MG #24: Upheld

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

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

Decision rationale: The prescription for Valium 5mg #24 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is on multiple medications including Zolpidem for sleep disturbance. There is insufficient information provided to establish that Valium provides any substantive benefit in the presence of the injured

worker's extensive medication profile. As such, the continued use of this medication is not established as medically necessary.