

Case Number:	CM14-0046341		
Date Assigned:	07/02/2014	Date of Injury:	01/07/2003
Decision Date:	08/27/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 35-year-old female who reported an injury on 01/07/2003. The diagnosis included postlaminectomy syndrome lumbar region. The injured worker's medication history included Neurontin 100 mg, Motrin 800 mg, Zanaflex 4 mg, Zantac, Lunesta 2 mg, MS Contin 30 mg, MS ER 30 mg, Kadian 80 mg, Percocet 10/325 mg, and Klonopin 25 mg, as well as Soma 35 mg since 05/2013. The documentation of 03/04/2014 revealed without medications, the injured worker was in bed and had a hard time caring for her child. The injured worker was noted to be utilizing the TENS unit. Prior treatments included acupuncture, aquatic care, brace, chiropractic, E-stim, and a spinal cord stimulator, as well as a TENS unit, epidural steroid injection, facet injection, trigger point injections, massages, shoes, and traction, as well as medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Klonopin 1mg #40 with 1 refill: 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 24 Page(s): 24.

Decision rationale: The California MTUS Guidelines indicate that benzodiazepines are not recommended as a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. Continued use would not be supported. The clinical documentation submitted for review failed to provide documentation of functional benefit. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Klonopin 1 mg #40 with 1 refill is not medically necessary.

1 Prescription of Gabapentin 300mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, page 16 Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epilepsy medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30-50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 9 months. There was a lack of documentation of the above criteria. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of gabapentin 300 mg #30 with 4 refills is not medically necessary.

1 TENS unit to included supplies, 4 pads, wires and batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, page 114-116 Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend ongoing treatment with a TENS unit must document how often the unit was used, and document outcomes in terms of pain relief and function and document that it was used as an adjunct to ongoing treatment modalities. The clinical documentation submitted for review indicated the injured worker had utilized the unit for greater than 9 months. There was a lack of documentation of objective functional benefit that was received and an objective decrease in pain. Given the above, the request for TENS unit to include supplies, 4 pads, wires, and batteries is not medically necessary.