

<b>Case Number:</b>	CM14-0059916		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Psychiatry 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:

Injured worker is a 53-year-old male with date of injury 3/1/2001. Date of the UR decision was 4/22/2014. Report dated 1/7/2014 suggested that he has been prescribed Mirtazapine 15 mg at bedtime, Diazepam 10 mg twice daily for anxiety. Progress report 1/24/2014 listed subjective findings as defeated, angry, irritable with slight paranoia. Objective findings suggested that injured worker was crying, distressed and was in a curled up posture. He was diagnosed with Major Depressive Disorder, recurring. He was continued on Mirtazapine 15 mg nightly, Diazepam 5-10 mg twice daily and Neurontin 600 mg three times daily. Report dated 4/11/2014 indicated that he complained of sadness and depression but denied any suicidal ideations. He was reported to be crying during most of the session. He was prescribed Seroquel XR 200 mg three times daily for mood stabilization, Neurontin 600 mg three times daily was continued for mood stabilization per the report. He was also prescribed Cymbalta 60 mg twice daily for depression, Remeron 15 mg nightly for Major depressive disorder and Valium 10 mg three times daily for anxiety. Report dated 5/23/2014 included subjective complaints of pain in various areas, and was objectively seen to be anxious, depressed and sad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg DAW 2 cap TID #180, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Antiepilepsy drugs.

**Decision rationale:** MTUS states Gabapentin (Neurontin(R), Gabarone(tm), generic available) has been 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. The Official Disability Guidelines (ODG) states that Gabapentin: Recommended for neuropathic pain. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been 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. Guidelines do not recommend using Neurontin for mood stabilization as it is being used for the injured worker per report dated 4/11/2014. Use of Neurontin for use as a mood stabilizer for patients who have bipolar disorder, and for the treatment of anxiety is off-label and thus not medically necessary.

**Valium 10mg #90, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine (Weaning of Medications) Page(s): 24, 124.

**Decision rationale:** MTUS states Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the primary treating physicians' progress reports, the injured worker has been receiving Valium 10 mg every night at bedtime (qhs) on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006). The request for Valium 10mg #90, 2 refills is excessive and not medically necessary.