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| Case Number: | CM14-0080421 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 04/04/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 29-year-old male who reported an injury on 04/04/2012 from a pallet falling on him. The injured worker was diagnosed with cervical strain, lumbar strain, and left shoulder tendinitis on progress report dated 03/04/2014. The injured worker was treated with therapy, acupuncture, and medications. The injured worker had an unofficial EMG/NCV on 02/14/2012, unofficial x-rays on 10/02/2013, and an unofficial MRI on 10/22/2013. On the clinical note dated 01/09/2014 the injured worker had surgery on the left shoulder, the date of the procedure was not provided in the medical records. The injured worker complained of pain in the neck, lower back, and left shoulder, as well as headaches in the right temporal region. The injured worker had tenderness over paraspinal muscles with full range of motion noted on clinical note dated 03/04/2014. The injured worker was prescribed Voltaren 75 mg twice a day, and Prevacid 30 mg once a day, also the clinical note dated 01/09/2014 indicated he had been taking Neurontin. The treatment plan is for Lorazepam 0.5 mg and Gabapentin 300 mg the rationale for the requested medications was not provided in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg Tab #30: Upheld

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

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

Decision rationale: The injured worker is complaining of pain in the neck, lower back, and left shoulder, as well as headaches in the right temporal region. The injured worker has had surgery on the left shoulder. The California MTUS guidelines do not recommend benzodiazepines for long-term use because the long-term efficacy is unproven and there is a risk of dependence. The California MTUS guidelines limit the use of Benzodiazepines to 4 weeks. The injured worker's medical records lack documentation of the rationale for the use of Lorazepam, there was indication from a prescription that the injured worker has been prescribed Lorazepam since 01/17/2014 which exceeds the guidelines recommendation of 4 weeks. Also, the request does not indicate the frequency of the medication. As such the request for Lorazepam 0.5 mg Tab #30 is not medically necessary.

Gabapentin 300mg CAP #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs/ Gabapentin Page(s): 16-17 and 49.

Decision rationale: The injured worker is complaining of pain in the neck, lower back, and left shoulder, as well as headaches in the right temporal region. The injured worker has had surgery on the left shoulder. The California MTUS guidelines recommend Gabapentin for neuropathic pain with documentation of at least 50% reduction in pain and a "moderate" response to the medication as a 30% reduction. Gabapentin has been considered as a first-line treatment for neuropathic pain. The injured worker is complaining of pain; however the documentation of pain does not indicate the rating of pain pre and post medication. Also, the request does not indicate the frequency of the medication. As such the request for Gabapentin 300 mg CAP #50 is not medically necessary.