

Case Number:	CM14-0122642		
Date Assigned:	08/06/2014	Date of Injury:	07/10/2007
Decision Date:	07/13/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old male, with a reported date of injury of 07/10/2007. The diagnoses include status post closed-head injury, myofascial sprain of the cervical spine, myofascial sprain of the lumbar spine, history of thoracic sprain, lumbar degenerative disc disease, bilateral carpal tunnel syndrome, and lumbosacral spondylosis without myelopathy. Treatments to date have included an MRI of the lumbar spine which showed advanced degenerative disc disease at L5-S1 and foraminal stenosis at multiple levels in the lumbar spine; electrodiagnostic studies; oral medications; ice; occipital nerve blocks; cervical facet injections; and radiofrequency neurotomy. The pain management follow-up progress report dated 04/21/2014 indicates that the injured worker continued to have multiple pain problems, including suboccipital headaches. The physical examination showed positive palpable muscle spasms with tenderness more so in the left upper neck than the right, decreased range of motion of the cervical spine, and tenderness more so in the left C2-3 and C3-4 region. The treating physician requested Ativan 0.5mg #30, Prilosec, and Neurontin 300mg. It was noted that the injured worker stated that in the past, he had been on Neurontin, which caused petit mal seizures. Therefore, Neurontin was contraindicated. At nighttime, the injured worker would be prescribed Ativan, which would help with some of the side effects from withdrawals. The Neurontin request appears to be secondary to a temporary discontinuation of Cymbalta which was subsequently re-instituted. These requests were made when this individual was being weaned off Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines Benzodiazepines.

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 of Benzodiazepine i.e. greater than 4 weeks. This is a unique situation where it is documented that the Ativan was to assist with Opioid withdrawal. The Guidelines do not directly address this specific issue, but it is standard practice for short term utilization of Benzodiazepines for withdrawal symptoms from opioids or alcohol. Short-term use of Clonidine patches was also utilized. Although this would not be Guideline supported for long-term use, under these circumstances, short-term use is consistent with Guidelines. The Ativan 0.5mg #30 is medically reasonable.

Prilosec: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines support the use of Proton Pump Inhibitors if there are specific risk factors present and NSAIDs are utilized. The Guidelines also support their use if there are GI symptoms associated with other medication use. It is documented that this individual has GI symptoms associated with his medication use. Under these circumstances, Prilosec is supported by Guidelines and is medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines support the use of this class of drugs if there are significant benefits and a lack of severe side effects. There is documentation supporting a prior trial of Neurontin without benefits. The recommendation for Neurontin also appears to be due to a temporary discontinuation of Cymbalta, which was subsequently restarted. Under these

circumstances, the Neurontin 300mg. was not supported by Guidelines and is/was not medically necessary.