

Case Number:	CM14-0190510		
Date Assigned:	11/24/2014	Date of Injury:	06/15/2011
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 38-year-old female who reported an injury on 07/15/2011. The mechanism of injury was the injured worker was in a semi kneeling position and locking a metal cash drawer. At that time, another metal cash drawer fell from a height of about 5 feet, striking the injured worker in her back and right occipital region. The injured worker's medications were noted to include Neurontin 100 mg x 4 and 300 mg at night and Ativan 100 mg at night. The surgical history and diagnostic studies were not provided. The documentation of 08/06/2014 revealed the injured worker had ongoing difficulty because of short term memory with word finding difficulties and paraphasic issues. Physical examination revealed the injured worker had 2+ tenderness in the cervical paraspinal areas and range of motion was decreased. In the dorsal spine, there was 2+ tenderness in the upper trapezius muscles. The injured worker was noted to have difficulty with short term recall. Diagnoses included status post closed head injury without loss of consciousness, mild traumatic brain injury with ongoing cognitive difficulties, posttraumatic headaches, chronic cervical and dorsal strain contributing to headaches. The treatment plan included continuation of Neurontin 300 mg at night and Ativan 1 mg at night as well as Botox injections. Additionally, the request was made for the injured worker to be referred for chiropractic treatment and deep massage therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg #90 with 1 refill: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of at least 30% to 50% decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain of at least 30% to 50%. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for gabapentin 300 mg #90 with 1 refill is not medically necessary.

Ativan 1 mg #30 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(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 40 weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Ativan 1 mg #30 with 1 refill is not medically necessary.