

<b>Case Number:</b>	CM14-0033342		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Emergency Medicine 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:

The injured worker is a 65 year-old male, who sustained an injury on October 28, 2009. The mechanism of injury is not noted. Diagnostics have included: ER tests. Treatments have included: Medications; ER visit. The current diagnoses are: Insomnia; depression; headache; anxiety; stress. The stated purpose of the request for Gabapentin 600 mg bid #60 was to provide pain relief. The request for Gabapentin 600 mg bid #60 was denied on February 18, 2014, citing the rationale that there were no subjective findings documented in the medical records. The stated purpose of the request for Soma 350 mg bid #60 was to provide pain relief. The request for Soma 350 mg bid #60 was denied on February 18, 2014, citing the rationale that there were no subjective findings documented in the medical records. The stated purpose of the request for Valium 10 mg #60 was to provide treatment for the injured worker's condition. The request for Valium 10 mg #60 was denied on February 18, 2014, citing the rationale that there were no subjective findings documented in the medical records. Per the report dated December 16, 2013, the treating physician noted that the injured worker fell twice for unknown reasons. Per the injured worker, he went to the ER and all tests were negative. Objective findings included 105/66 blood pressure and 94 pulse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drug Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

**Decision rationale:** The requested Gabapentin 600 mg bid #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, anti-epilepsy drugs, page # 16-22 recommend this medication for neuropathic pain. The injured worker has a diagnosis of insomnia, depression, anxiety and stress. The treating physician has documented that the injured worker is taking medications as directed. The treating physician has not documented subjective or objective findings consistent with radicular pain, nerve compromise, or findings consistent with radiculopathy. The criteria noted above not having been met, Gabapentin 600 mg bid #60 is not medically necessary.

**Soma 350mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** The requested Soma 350 mg bid #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, carisoprodol, page # 29 note that this medication is not recommended. This medication is not indicated for long-term use. The injured worker has a diagnosis of insomnia, depression, anxiety, and stress. The treating physician has documented that the injured worker is taking medications as directed. The treating physician has not documented muscle spasms or functional improvement from any previous use of this medication. The criteria noted above not having been met, Soma 350 mg bid #60 is not medically necessary.

**Valium 10mg prn #60:** 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): 23.

**Decision rationale:** The requested Valium 10 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, benzodiazepines, page # 23 note that this medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker has a diagnosis of anxiety, depression, and stress. The treating physician has documented that the injured worker is taking medications as directed. The treating physician has not documented functional benefit from any prior use of this medication, duration of previous use, or

documentation contraindicating anti-depressant treatment for the injured worker's condition. The criteria noted above not having been met, Valium 10 mg #60 is not medically necessary.