

Case Number:	CM15-0101693		
Date Assigned:	06/04/2015	Date of Injury:	01/13/2003
Decision Date:	07/02/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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 57-year-old male who sustained a work related injury January 13, 2003. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented with constant pain in the middle of his cervical spine radiating to the left paracervical region. With medication, the pain is rated 3-4/10, and he is able to do some light housework and yard work. Physical examination documented; atrophy of the left upper extremity, good upper extremity range of motion, left upper extremity strength is 5/5 except the left triceps and biceps, which is 4/5. Neck range of motion reveals flexion of 30 degrees and extension 40 degrees, right and left tilt is 10 degrees. There is decreased sensation to light touch in the left upper extremity, reflexes are ¼ in the upper extremities, and sensation is decreased in the left upper extremity to pinprick in the C7/C8. Treatment plan included continued medication; Percocet, as needed for breakthrough pain, Neurontin for neuropathic pain and Valium as needed for spasms. According to a physician's notes, dated April 30, 2015, the injured worker presented for medication refills. He reports no questions or concerns and stated his pain levels are 6/10. He is able to complete activities of daily living and he walks on his treadmill four times a week for 15-30 minutes with his medication. There are no side effects reported from the medication and no symptoms of abusive behavior. Diagnoses are cervicalgia; degenerative cervical intervertebral disc; unspecified neuralgia neuritis and radiculitis. At issue, is the request for authorization for Neurontin and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The request for Neurontin 800 mg #120, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has constant pain in the middle of his cervical spine radiating to the left paracervical region. With medication, the pain is rated 3-4/10, and he is able to do some light housework and yard work. Physical examination documented; atrophy of the left upper extremity, good upper extremity range of motion, left upper extremity strength is 5/5 except the left triceps and biceps, which is 4/5. Neck range of motion reveals flexion of 30 degrees and extension 40 degrees, right and left tilt is 10 degrees. There is decreased sensation to light touch in the left upper extremity, reflexes are in the upper extremities, and sensation is decreased in the left upper extremity to pinprick in the C7/C8. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin 800 mg #120 is not medically necessary.

Valium 5 mg #120: 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 request for Valium 5 mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has constant pain in the middle of his cervical spine radiating to the left paracervical region. With medication, the pain is rated 3-4/10, and he is able to do some light housework and yard work. Physical examination documented; atrophy of the left upper extremity, good upper extremity range of motion, left upper extremity strength is 5/5 except the left triceps and biceps, which is 4/5. Neck range of motion reveals flexion of 30 degrees and extension 40 degrees, right and left tilt is 10 degrees. There is decreased sensation to light touch in the left upper extremity, reflexes are in the upper extremities, and sensation is decreased in the left upper extremity to pinprick in the C7/C8. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor

objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 5 mg #120 is not medically necessary.