

Case Number:	CM15-0103464		
Date Assigned:	06/08/2015	Date of Injury:	07/29/1999
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, 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 applicant is a represented 70-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 29, 1999. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for Ativan, Neurontin, and Norco. Partial approval was apparently endorsed for weaning or tapering purposes. A progress note dated April 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. Norco and Neurontin were endorsed, without any seeming discussion of medication efficacy. The applicant's work status was not detailed. On April 28, 2015, the applicant again reported persistent complaints of low back pain status post earlier failed spine surgery. Norco, Neurontin, and Ativan were endorsed. It was stated that the Ativan was being employed for anxiolytic effect on a rate of twice daily. Once again, applicant's work status was not detailed. No discussion of medication efficacy seemingly transpired. In a psychiatric progress note dated October 28, 2014, the applicant was placed off of work. It was suggested that the applicant would "never" return to work owing to her various depressive symptoms. The note, comprised, in large part, of preprinted checkboxes of left knee pain. The treating physician requested authorization for Ativan 1mg #60, Neurontin 300mg #60, and Norco 7.5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for the Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Ativan may be appropriate "brief periods" in cases of overwhelming symptoms, here, however, the attending provider seemingly suggested on the April 28, 2015 progress note at issue that he intended for the applicant to employ Ativan on a twice daily basis, for anxiolytic effect. This was not, however, an ACOEM-endorsed role for the same. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence to support continued usage of Ativan in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Neurontin (gabapentin) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants using gabapentin should be asked "at each visit" as to whether improvements in pain and/or function effected as a result of the same. Here, however, the applicant was not working, it was acknowledged on October 28, 2014. While this may have represented a function of the applicant's mental health issues as opposed to chronic pain issues alone, nevertheless did not make a compelling case for continuation of Neurontin. Ongoing usage of Neurontin failed to curtail the applicant dependence on opioid agents such as Norco, which the applicant was using at a rate of thrice daily on February 13, 2015 and at a rate of four times daily on April 17, 2015. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as suggested on October 28, 2014. On April 17, 2015, the attending provider renewed Norco without any explicit discussion of medication efficacy. The attending provider failed to outline either meaningful or material improvements in function or quantifiable decrements in pain (if any) suspected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.