

Case Number:	CM15-0143097		
Date Assigned:	08/04/2015	Date of Injury:	09/08/2012
Decision Date:	09/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on September 8, 2012. He reported severe social, mental and physical challenges, problems with concentration, focus and performing daily routines, ringing in the ears, lack of energy, depression, mid back pain, left knee pain, headaches and body aches. The injured worker was diagnosed as having status post multiple traumas, status post multiple head traumas, post-concussion syndrome, post-traumatic stress disorder, anxiety with depression and history of head, mid-back and left knee pain. Treatment to date has included diagnostic studies, psychiatric care, physical therapy, medications and work restrictions. Currently, the injured worker continues to report severe social, mental and physical challenges, problems with concentration, focus and performing daily routines, ringing in the ears, lack of energy, depression, mid back pain, left knee pain, headaches and body aches. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 16, 2015, revealed continued pain rated at a 7 on a 1-10 scale with 10 being the worst. It was noted by the physician that he was clearly significantly anxious and depressed. It was noted he had multiple life stresses and was suffering from severe emotional and physical pain. The physician noted Tramadol was ineffective for the low back pain however he did not wish to increase the strength of opioid medication secondary to the concurrent severe emotional pain. Aggressive psychiatric treatment, as quickly as possible, was recommended. Ativan was continued and noted as the only thing helping control the anxiety. Evaluation on May 18, 2015, revealed continued severe difficulties with anxiety, depression and post-traumatic stress. Ativan

and gabapentin were continued. Evaluation on July 9, 2015, revealed continued pain as noted with associated symptoms. He rated his pain at 4 on a 1-10 scale with 10 being the worst. Alprazolam 0.5 mg #240 and Gabapentin 800 mg #90 with 2 refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The patient presents with pain affecting the head, mid back, and left knee, accompanied with depression. The current request is for Gabapentin 800mg #90 with 2 refills. The requesting treating physician report dated 6/30/15(27) states, "Gabapentin 800 mg tid # 90 with 2 refills for mood stabilization." The MTUS states the following regarding Gabapentin: "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided show the patient has been taking Gabapentin since at least 4/16/15 (619D). In this case, the treating physician is requesting Gabapentin for "mood stabilization" which Gabapentin is not indicated for in the MTUS guidelines. Furthermore, there is no discussion of this medications efficacy or documentation of functional improvement as required by the MTUS guidelines on page 60. Additionally, 2 refills without documentation of functional improvement is excessive and not supported. The current request is not medically necessary.

Alprazolam 0.5 mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain affecting the head, mid back, and left knee, accompanied with depression. The current request is for Alprazolam 0.5mg #240. The requesting treating physician report dated 6/30/15(27) provides no rationale for the current request. The MTUS guidelines page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical reports provided show the patient has been taking Xanax since at least 6/2/15 (36B). In this case, the current request for Xanax is outside the 4 weeks recommended by the MTUS guidelines. Furthermore, the treating physician is requesting #240, which is more than the recommended dosage for a 4-week period. The current request is not medically necessary.