

Case Number:	CM15-0190589		
Date Assigned:	10/02/2015	Date of Injury:	03/06/2004
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2004. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for Neurontin and Ativan. An April 9, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated July 9, 2015, Ativan, Celebrex, Neurontin, Remeron, and Paxil were all endorsed. The attending provider stated that he was endorsing these medications without an associated progress note. On April 22, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was using Paxil, Celebrex, Norco, and Ativan, it was reported. The applicant exhibited a visibly depressed mood, it was reported. On April 9, 2015, the attending provider stated that he would employ Norco, Neurontin, Ativan, and Remeron, albeit at a reduced dosage. The applicant was described as having various issues with depression and sleep disturbance. Little-to-no seeming discussion of medication efficacy transpired. Restoril was discontinued. The applicant was "still depressed and anxious," the treating provider reported in one section of the note. The applicant's work status was not reported on this date, although it did not appear that the applicant was working. On September 1, 2015, it was stated that the applicant was off of work and had not worked since 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Neurontin 600mg #30 (DOS: 04/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: No, the request for Neurontin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the April 9, 2015 progress note was thinly and sparsely developed and did not establish evidence of medication efficacy insofar as Neurontin (gabapentin) was concerned. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged. The applicant was not working, it was reported on September 1, 2015, and had not worked since 2004. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing gabapentin (Neurontin) usage. Therefore, the request was not medically necessary.

Retrospective request for Ativan 1mg #3 (DOS: 04/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Ativan, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider's April 9, 2015 office visit stated that the applicant was using Ativan at a rate of twice daily, i.e., in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.