

Case Number:	CM15-0198057		
Date Assigned:	10/13/2015	Date of Injury:	04/08/2013
Decision Date:	12/17/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York

Certification(s)/Specialty: Internal 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 53 -year-old male who sustained an industrial injury on 4-8-2013. Diagnoses have included cervical disc disorder with myelopathy, carpal tunnel syndrome, rotator cuff syndrome of shoulder, and, bicipital tenosynovitis. Documented treatment includes cervical decompression with residual cervical myelopathy and neck pain "related to cervical cord compression"; right shoulder rotator cuff surgery, unspecified date; left carpal tunnel release in "March" with residual left hand numbness and dysfunction; cognitive behavioral therapy; physical therapy; acupuncture; subacromial steroid injections; and, medication including Naproxen, Norco, Baclofen, and Zoloft. Additionally, Neurontin noted in the medical records for at least six months and stated to help him tolerate pain and be able to sleep at night, but not used during the day due to cognitive impairment; Inderal stated for headache and prescribed for at least six months; Sertaline noted for depression secondary to chronic pain and physical dysfunction but for unknown length of time; and, Diazepam with unspecified length of time or rationale in the provided notes. On 7-31-2015 the injured worker reported continued neck pain, bilateral shoulder girdle pain with the right being worse, and headaches. The physician cites an undated MRI of the left shoulder showing full-thickness rotator cuff tear with retraction and a recent evaluation with another physician stating uncertainty if "this would be repairable." The treating physician's plan of care includes Neurontin 300 mg capsules #30 with 3 refills; Diazepam 50 mg tablet #30 with 1 refill; Inderal LA 80 mg capsule ER #30 with 3 refills; and, Sertaline 50 mg tablet #30 with 3 refills. On 9-18-2015, Neurontin 300 mg was modified to #30 with 1 refill; Diazepam 5 mg tablets was modified to #15 for weaning with no refill; Inderal was modified to #30 with no refills; and, Sertraline 50 mg was modified to #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg capsules #30 with 3 refills, 1 capsule by mouth nightly: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, 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. The records documented that this injured worker has neuropathic pain and Neurontin has been part of his medical regimen. In this case, there has been documentation of pain relief and improvement. Medical necessity of the requested item has been established and is medically necessary.

Diazepam 50mg tablet #30 with 1 refill, 1 capsule by mouth QD (daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. Tolerance to anxiolytic effects of Valium occurs within months and long-term use may actually increase anxiety. There are no guideline criteria that support the long-term use of benzodiazepines. There is no evidence presented by the treating provider that indicates in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. Also as long term use is not recommended, medical necessity for the requested medication has not been established. The requested medication: Diazepam 50mg tablet #30 with 1 refill, is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Inderal LA 80mg capsule, extended release #30 with 3 refills, 1 capsule by mouth QD (daily): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Up-to-date were reviewed. As per Up-to-date, for migraine patients with hypertension who are nonsmokers and 60 years of age, reasonable options include metoprolol, propranolol, or timolol in the absence of contraindications to beta blockers. Review of submitted medical records did not provide clear discussion about the nature of headache that will support the appropriateness of this medication for long term use. Also there is no documentation of functional improvement in this injured worker. The requested medication: Inderal LA 80mg capsule, extended release #30 with 3 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Sertraline 50mg tablet#30 with 3 refills, 1 tablet by mouth QD (daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: As per MTUS, Sertraline is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Based on the currently available information, the medical necessity for this requested item has not been established. The requested treatment is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.