

Case Number:	CM15-0206188		
Date Assigned:	10/23/2015	Date of Injury:	07/24/2013
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 39-year-old who has filed a claim for chronic low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of July 24, 2013. In a Utilization Review report dated October 9, 2015, the claims administrator approved a request for Viibryd while failing to approve request for Ativan and Neurontin. The claims administrator referenced a June 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant reported ongoing complaints of low back pain status post a failed lumbar laminectomy surgery. The applicant was using Duragesic for pain relief; it was stated in one section of the note. Work restrictions were endorsed. It was not clearly stated whether the applicant was or not working with said limitations in place, although this did not appear to be the case. The applicant's full medication list was not detailed. On May 19, 2015, the applicant reported ongoing issues with depression, poor mood, anxiety, fatigue, anhedonia, poor concentration, significant weight gain, and monthly panic attacks. The applicant reported persistent outbursts of anger and aggression with marked mood shifts, the treating provider reported. The applicant had symptoms of worthlessness, the treating provider reported. The applicant was asked to continue Neurontin, Ativan, and Viibryd while remaining off of work, on total temporary disability. On April 14, 2015, the applicant was asked to continue Flexeril, Relafen, and Norco for ongoing complaints of low back pain while continuing Prilosec for cytoprotective effect purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: No, the request for Ativan, a benzodiazepine anxiolytic, was 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 30-tablet, 1-refill supply of Ativan at issue represented chronic, long-term, and/or daily usage of the same, for sedative and/or anxiolytic effect purposes. Such usage, however, was incompatible with 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.

Neurontin 600mg with 1 refill: Upheld

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: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Neurontin (gabapentin) 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 applicant was not working; it was acknowledged on May 19, 2015. The applicant was placed off of work, on total temporary disability, on that date. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Duragesic, which the applicant was reportedly using on an earlier note dated February 23, 2015. The attending provider failed to outline meaningful improvements in function (if any) effected as a result of ongoing Neurontin (gabapentin) usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.