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| Case Number: | CM15-0087007 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 07/13/2012 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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

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 injured worker is a 65 year old male, who sustained an industrial injury on 7/13/12. The injured worker has complaints of neck and back pain. The diagnoses have included lumbar radiculitis; lumbar spondylosis and chronic pain syndrome. Treatment to date has included chiropractic treatment; magnetic resonance imaging (MRI) left shoulder normal study; magnetic resonance imaging (MRI) lumbar spine showed facet arthropathy, multiple disc protrusions L2-3, L3-4 and L5-S1 (sacroiliac); MRIC cervical spine showed stenosis at C4, 5, 6, 7 with degenerative disc disease at C5-6; electromyography/nerve conduction study showed chronic L5 radic on right and L5, S1 (sacroiliac) radic on the left; cymbalta; gabapentin and physical therapy. The request was for remeron 30mg #30 with two refills and gabapentin 300mg #120 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 30mg #30 with 2 refills: 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), Pain Chapter, Antianxiety Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Insomnia treatment.

Decision rationale: Remeron has been prescribed as a sleep aid for this patient. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Remeron for an extended period. Remeron 30mg #30 with 2 refills is not medically necessary.

Gabapentin 300 mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16,18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300 mg #120 with 2 refills is not medically necessary.