

<b>Case Number:</b>	CM14-0106500		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/03/2003
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama and Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38 year old male with a date of injury of 1/3/2003. Medical records state that patient has been treated for chronic low back pain. According to the most recent progress report submitted on 6/4/14, the patient reported less pain compared to previous visits. His activity level had increased, and his quality of sleep was better. The patient denies any side effects from his current medications. His low back pain has a radiating character and radiates to his left leg. He also complained of groin, knee pain. He was noted to antalgic gait along with loss of lumbar range of motion and sensory deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #45:** Upheld

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

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

**Decision rationale:** The CA CPMT guidelines state Valium, known generally as diazepam, is a benzodiazepine primary indicated as a sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Valium is a benzodiazepine which is not recommended due to rapid development of

tolerance and dependence, therefore most guidelines limit its use to only less than 4 weeks. It appears that the patient is not an appropriate candidate for Valium as he has not been complaining of any acute muscle spasms and has been taking the medication for longer than recommended. Therefore, based on the guidelines and the medical records available to me, this request is not medically necessary.

**Neurontin 600mg #90 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available & Gabapent.

**Decision rationale:** The CA CPMT guidelines state gabapentin has shown to be effective for treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first-line treatment for neuropathic pain. This patient is complaining of neuropathic pain and a trial of gabapentin would be recommended in this case. However, 90 tablets with two refills with a one month follow-up is excessive. Therefore provider may modify the quantity and follow-up with the patient to measure his progression of pain and quality of life. Based on the guidelines and the symptoms stated above, the request the request is not medically necessary.