

<b>Case Number:</b>	CM14-0128330		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 62-year-old female with a 12/1/2003 date of injury. A specific mechanism of injury was not described. 8/1/14 determination was modified. Vicodin was modified for one prescription of #68 for the purposes of weaning, Neurontin was non-certified, and Valium was also non-certified. 6/18/14 psychiatry report revealed that the patient reported continued struggles with intrusive depressive elements. 5/22/14 medical report identified that the patient medication was denied. The patient had increase pain from 6/10 to 9/10, worse after minimum standing or walking. The patient complained of right heel cord pain and sensitivity of left foot. Exam revealed limited range of motion, positive SLR, localized tenderness in the left sacroiliac joint and sciatic notch, strength 4+/5, and decreased pinprick in the left L5-S1 distribution. 2/26/14 medical report identified a pain level between 6-8/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Vicodin 5/325mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Vicodin(r)); When to Discontinue Opioids; and When to Continue Opioids. Decision based on Non-MTUS Citation University of Michigan health System. Managing chronic non-terminal pain in adults including prescribing controlled substances. Ann arbor (MI): University of Michigan Health System; 2011 Jan. 36 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81; 79-80.

**Decision rationale:** The patient had chronic pain and had been managed with medications, including opioids. Given the 2003 date of injury, the duration of opiate use to date was not clear, however, it appeared that it has been at least since 2008. There was no discussion regarding endpoints of treatment or weaning of the opioid medication. The records did not clearly reflect continued analgesia as the pain level did not seem to be affected with or without medications. There was no clear indication of continued functional benefit, a lack of adverse side effects, or aberrant behavior. No urine test or CURES report was available for review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Considering this, partial certification was recommended at the time of the prior determination to allow an opportunity for submission of medication compliance guidelines or to initiate downward titration and complete discontinuation of medication on subsequent reviews secondary to medication guideline non-compliance. However, in the context of this review, were a modified certification cannot be made the medical necessity of the medications with the requested refills was not substantiated. Therefore the request is not medically necessary.

**1 prescription of Neurontin 600mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is neuropathic pain documented. However, it appears that the patient has been taking his medication since at least 2008. There is no clear efficacy as the symptoms remain the same. There was no indication that other medications were not appropriate for the patient or an indication why continued treatment despite limited efficacy is necessary. While the patient may benefit from this medication, additional documentation would be necessary. In this context, a modified certification for only one month would be appropriate, to allow the provider opportunity for submission of documentation clarifying the above cited concerns, however, given inability to provide a modified certification, the medical necessity was not substantiated. Therefore the request is not medically necessary.

**1 prescription of Valium 5mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Valium) and Benzodiazepine: Tapering.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It appears that the patient is taking the medication since 2008 without any rationale for the necessity of such prolonged medication prescription. There were no acute exacerbation of muscle spasms, no clear indication of anxiety, and no clear documented efficacy. The medical necessity was not substantiated. Therefore the request is not medically necessary.