

Case Number:	CM14-0154636		
Date Assigned:	09/24/2014	Date of Injury:	07/22/2012
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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 patient with a date of injury of 7/22/12. A utilization review determination dated 9/10/14 recommends modification of Klonopin from #60 with 3 refills to #45 with 0 refills and Neurontin #360 with 3 refills to #270 with 0 refills. It referenced an 8/27/14 medical report identifying pain in the neck, right shoulder, elbow, wrist, and hand, as well as pain in the left forearm, wrist, and hand. Patient complains of tremor and muscle tension and fasciculations in the BUE as well as depression, headache, and two recent occurrences of blurred vision that she associated with severe RSD exacerbations. On exam, there is a depressed appearance, tenderness, limited ROM, minimal contraction of the left wrist and hand with a mottled appearance, right arm strength mildly reduced, allodynia of the right forearm and hand, and dysesthesias in the right upper arm, shoulder, and right side of neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of klonopin 1mg #60 with 3 refills: Upheld

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

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

Decision rationale: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin (clonazepam) is not medically necessary.

1 Prescription of neurontin 300mg #360 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (anti-epilepsy drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, while it is noted that the patient has RSD, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement attributed to use of this medication. Additionally, there is no discussion regarding side effects. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.