

Case Number:	CM14-0167271		
Date Assigned:	10/14/2014	Date of Injury:	04/07/2006
Decision Date:	12/16/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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:

Patient is a 49 year-old female with date of injury 04/04/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/15/2014, lists subjective complaints as pain in the low back with radicular symptoms in the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed 5-/5 strength in right lower extremity and 4+/5 strength in the left lower extremity secondary to pain. Sensation was intact and slightly decreased over the left lateral leg. Babinski's sign was negative. Sciatic notches were pain free to palpation. Sacroiliac joints were non-tender. Patrick's sign and Gaenslen's maneuver were negative. There was tenderness over the lumbar and thoracic paraspinals, left more than right. Increased pain with flexion and extension. Straight leg raise was positive bilaterally. Diagnosis: 1. Chronic pain syndrome 2. Lumbar Postlaminectomy syndrome 3. Lumbar spondylosis 4. Lumbar radiculitis 5. Lumbar degenerative disc disease 6. Low back pain 7. Sacroiliac pain 8. Muscle pain 9. Depression 10. Other anxiety states 11. Numbness. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Gabapentin Capsules 300mg, #90 SIG: TID2. Xanax 1mg, #90 SIG: QID3. Oxycodone 15mg, #90 SIG: q 6-8 hr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Capsules 300 mg, three times a day # 90 for 30 days: Upheld

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

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 Capsules 300 mg, three times a day # 90 for 30 days is not medically necessary.

Xanax 1 mg # 90: Upheld

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

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

Decision rationale: The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Xanax for much longer than the 4 weeks suggested by the MTUS. Xanax 1 mg # 90 is not medically necessary.

Oxycodone 15 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines continued or long-term use of opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of 6 months. Oxycodone 15 mg # 90 is not medically necessary.