

Case Number:	CM14-0194127		
Date Assigned:	12/01/2014	Date of Injury:	10/05/2011
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 patient sustained an injury on 10/5/11. Request(s) under consideration include Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills. Diagnoses include lumbar facet osteoarthritis s/p RFA; lumbar DDD stable; right sacroiliitis, stable; and cervical DDD/ facet OA. Medications list Vicodin, Ativan, Skelaxin, and Prilosec. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted chronic low back and neck pain rated at 4/10 with and 7-8/10 without medications; had RFA of lumbar facets on 9/11/12 with 60% decrease in pain. Exam showed unchanged lumbar tenderness and tightness; restricted lumbar range; negative SLR; negative Patrick's; tenderness over right SI joint and groin pain with dysesthesias and hypesthesias in arms. Treatment plan include medication refills. The request(s) for Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills were modified for weaning on 10/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: This patient sustained an injury on 10/5/11. Request(s) under consideration include Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills. Diagnoses include lumbar facet osteoarthritis s/p RFA; lumbar DDD stable; right sacroillitis, stable; and cervical DDD/ facet OA. Medications list Vicodin, Ativan, Skelaxin, and Prilosec. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted chronic low back and neck pain rated at 4/10 with and 7-8/10 without medications; had RFA of lumbar facets on 9/11/12 with 60% decrease in pain. Exam showed unchanged lumbar tenderness and tightness; restricted lumbar range; negative SLR; negative Patrick's; tenderness over right SI joint and groin pain with dysesthesias and hypesthesias in arms. Treatment plan include medication refills. The request(s) for Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills were modified for weaning on 10/20/14. Lorazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. Lorazepam 0.5mg #30 with 3 Refills is not medically necessary and appropriate.

Vicodin 5/300 Mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9,74,78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Opioids Page(s): 74-96.

Decision rationale: This patient sustained an injury on 10/5/11. Request(s) under consideration include Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills. Diagnoses include lumbar facet osteoarthritis s/p RFA; lumbar DDD stable; right sacroillitis, stable; and cervical DDD/ facet OA. Medications list Vicodin, Ativan, Skelaxin, and Prilosec. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted chronic low back and neck pain rated at 4/10 with and 7-8/10 without medications; had RFA of lumbar facets on 9/11/12 with 60% decrease in pain. Exam showed unchanged lumbar tenderness and tightness; restricted lumbar range; negative SLR; negative Patrick's; tenderness over right SI joint and groin pain with dysesthesias and hypesthesias in arms. Treatment plan include medication refills. The request(s) for Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills were modified for

weaning on 10/20/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Vicodin 5/300 Mg, #90 is not medically necessary and appropriate.

Neurontin 300mg #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: This patient sustained an injury on 10/5/11. Request(s) under consideration include Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills. Diagnoses include lumbar facet osteoarthritis s/p RFA; lumbar DDD stable; right sacroillitis, stable; and cervical DDD/ facet OA. Medications list Vicodin, Ativan, Skelaxin, and Prilosec. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted chronic low back and neck pain rated at 4/10 with and 7-8/10 without medications; had RFA of lumbar facets on 9/11/12 with 60% decrease in pain. Exam showed unchanged lumbar tenderness and tightness; restricted lumbar range; negative SLR; negative Patrick's; tenderness over right SI joint and groin pain with dysesthesias and hypesthesias in arms. Treatment plan include medication refills. The request(s) for Lorazepam 0.5mg #30 with 3 Refills, Vicodin 5/300 Mg, #90, and Neurontin 300mg #90 with 3 Refills were modified for weaning on 10/20/14. Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2011 injury. Medical reports have not demonstrated specific neurological deficits or neuropathic pain and medical necessity have not been established. The Neurontin 300mg #90 with 3 Refills is not medically necessary and appropriate.