

Case Number:	CM14-0216125		
Date Assigned:	01/06/2015	Date of Injury:	09/15/2002
Decision Date:	02/28/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male sustained a work related injury on 9/15/2002. The mechanism of injury was reported to be injury from heavy lifting. The current diagnoses are pseudoarthrosis L4-S1 vs. symptomatic hardware, status post L4-S1 fusion (2013), grade III spondylolisthesis L5-S1, left knee meniscal tear, and status post right above the knee amputation, chronic intractable pain, and anxiety. According to the progress report dated 11/18/2014, the injured workers chief complaints were low back pain radiating into the left buttocks and left posterior thigh, left knee pain, and left shoulder blade pain. The pain in all areas was rated 8/10 on a subjective pain scale. The physical examination revealed tenderness to palpation over the lower midline lumbar spine, as well as over the thoracic and lumbar paravertebral musculature. There was tenderness overlying the hardware at L4-5 and L5-S1. Range of motion of the lumbar spine was limited. Current medications are Gabapentin, Norco, Temazepam, and Flexeril. On this date, the treating physician prescribed Xanax 2mg #30 and Neurontin 600mg #180, which is now under review. The Xanax was prescribed specifically for ongoing complaints of depression and anxiety. In addition to Xanax and Neurontin, the treatment plan included Norco, psychiatric consultation, urine toxicology screening, CT myelogram of the lumbar spine, and MRI of the left knee. As of 9/10/2014, the work status was permanent and stationary. On 11/28/2014, Utilization Review had non-certified a prescription for Xanax 2mg #30 and Neurontin 600mg #180. The medications were non-certified based on not meeting recommended criteria. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xanax: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back pain radiating to the left buttocks and left posterior thigh, and left knee and left shoulder pain. The treater is requesting 1 PRESCRIPTION OF XANAX 2 MG #30. The MTUS Guidelines page 24 on benzodiazepines states that it is not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records do not show a history of Xanax use. The treater is prescribing Xanax due to ongoing complaints of depression and anxiety. In this case, given that the requested quantity is within the 4-week treatment timeline set by the MTUS Guidelines, a trial of Xanax is appropriate. The request IS medically necessary.

1 prescription of Neurontin 600mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18-19.

Decision rationale: This patient presents with low back pain radiating to the left buttocks and left posterior thigh, and left knee, and left shoulder pain. The treater is requesting 1 prescription of NEURONTIN 600 MG QUANTITY #180. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Neurontin since 2012. The 10/22/2014 report notes, "Without medications, he cannot sleep. Pain is unbearable at 8/10. With medications, pain is relieved greater than 50%, and he is more functional. Risks and benefits of medication discussed with the patient." In this case, given that the treater has noted medication efficacy as it relates to the use of Neurontin, the continued use is supported by the guidelines. The request IS medically necessary.