

Case Number:	CM15-0175261		
Date Assigned:	09/16/2015	Date of Injury:	11/23/2005
Decision Date:	10/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on November 23, 2005. Medical records indicate that the injured worker is undergoing treatment for cervical spine radiculitis, rotator cuff tear right shoulder, lumbar spine myofascitis with radiculitis and disc injury and anxiety disorder. The injured workers condition was noted to be permanent and stationary. Current documentation dated August 7, 2015 notes that the injured worker reported severe low back pain, which was causing limited mobility. The injured worker also noted right shoulder pain, neck stiffness, headaches, loss of appetite, insomnia and anxiety. The pain was rated 9 out of 10 on the visual analogue scale. Objective findings note that the injured worker sat in an antalgic position and had an antalgic gait. A straight leg raise test was positive. Documented treatment and evaluation to date has included medications, electrodiagnostic studies and MRI of the right shoulder. Current medications include Norco (since January of 2015), Soma, Xanax (since February of 2015) and Gabapentin (since February of 2015). Current requested treatments include Norco 10-325 mg # 130, Xanax 2 mg # 30 and Gabapentin 300 mg # 90. The Utilization Review documentation dated August 28, 2015 non-certified the request for Xanax 2 mg # 30 and modified the requests for Norco 10-325 mg # 75 (original request # 130) and Gabapentin 300 mg # 45 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids for chronic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. Pain scores remained 9/10. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Xanax 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Xanax for several months for insomnia. It is not indicated for long-term use for insomnia. The claimant was on Valium- another Benzodiazepine prior to that. There was no mention of failure of behavioral interventions. The continued use of Xanax is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy, but pain score did not improve over

several months use of Gabapentin with Norco and SOMA. Furthermore, the treatment duration was longer than recommended. Continued Gabapentin is not medically necessary.