

Case Number:	CM15-0179553		
Date Assigned:	09/21/2015	Date of Injury:	07/22/2005
Decision Date:	11/02/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

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 55 year old female who sustained an industrial injury on 7-22-05. A review of the medical records indicates she is undergoing treatment for headaches, cervical disc disease, cervical radiculopathy, bilateral carpal tunnel syndrome, left sacroiliac joint arthropathy, status post left ankle surgery x 2, complex regional pain syndrome, and anxiety and depression. Medical records (4-13-15 to 6-26-15) indicate ongoing, persistent complaints of neck pain. She also has ongoing intermittent complaints of bilateral wrist pain, lumbar spine pain, left leg pain, and left ankle pain, as well as headaches. She reports that she has been having "anxiety attacks" (6-26-15). She reports that the left ankle pain has "increased", rating it "10 out of 10", and is associated with a "burning, hot sensation, swelling, and stiffness that shoots up to the left knee". She rates her neck pain "3 out of 10" and indicates that the left C5-6 and C6-7 transfacet epidural steroid injection on 4-13-15 "helped", indicating "80% relief". She rates her bilateral wrist pain as "7 out of 10". She reports that her "medications are helping with her pain" (6-26-15). The physical exam (6-26-15) reveals an antalgic gait on the left side, tenderness to palpation and spasms over the cervical paraspinal muscles extending into the bilateral trapezius muscles, left greater than right, and facet tenderness to palpation over the C4 through C7 levels. Decreased range of motion of the cervical spine is noted. Pain is noted in bilateral wrists. Tinel and Phalen's test were positive bilaterally. Wrist flexors and extensors were noted to be diminished to 4 out of 5 bilaterally. She was noted to have "diffuse tenderness" over the lumbar paraspinal muscles with positive sacroiliac tenderness, Fabere-Patrick's test, sacroiliac thrust test, and Yeoman's test on the right side. Decreased lumbar range of motion was noted, as well as left ankle range of

motion. Diagnostic studies are not indicated in the records reviewed. Treatment has included left C5-6 and C6-7 transfacet epidural steroid injection on 4-13-15, as well as oral medications, which include Lorazepam 1mg every day and Neurontin 300mg every evening at bedtime. The request for authorization (8-4-15) indicates Lorazepam, 1 tablet every day, #30, and Neurontin 300mg, 1 tablet every evening at bedtime, #30. The utilization review (8-11-15) indicates denial of both medications, indicating "there is no recommendation for continued usage of this medication in the chronic state of care and is indicated in the acute phase of care". It also states that the medication is "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence". The Neurontin was denied, stating "there is no indication in the notes that the patient suffers from any of the aforementioned disease, i.e. diabetic painful neuropathy and post herpetic neuralgia, causing neuropathic states and no evidence of decreased pain on VAS or improved function with the use of this medication".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg QTY: 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: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason, the request is not medically necessary.

Neurontin 300mg QTY: 30: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of CRPS. Therefore, the request is medically necessary.