

Case Number:	CM15-0036984		
Date Assigned:	03/05/2015	Date of Injury:	09/14/1987
Decision Date:	04/15/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 65 year old male who sustained an industrial related injury on 9/14/87. The injured worker had complaints of back pain that radiated to bilateral legs. Physical examination findings included forward antalgic gait. The injured worker was status post 6 back surgeries. Diagnoses included lumbar back pain with bilateral radiculopathy, lumbar spinal stenosis, lumbar post-laminectomy syndrome, depression, insomnia, sexual dysfunction, and shoulder bursitis. Medications included Neurontin, Alprazolam, Percocet, and Avinza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg, 180 count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: Guidelines recommend neurontin for treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered as a first line treatment for neuropathic

pain. In this case, the patient did not have significant improvement in function and pain level while on neurontin. Given the questionable efficacy of neurontin in this patient, the request for neurontin 600 mg #180 with 3 refills is not medically appropriate and necessary.

Alprazolam 1 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: Guidelines do not recommend benzodiazepines for long term use due to unproven efficacy and risk for dependence. In this case, the patient has been using Alprazolam since October 2004 despite guidelines only recommending use for up to 4 weeks. Thus, the medication should be tapered and discontinued. The request for Alprazolam 1mg #90 is not medically necessary or appropriate.

Percocet 10/325 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 - 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Guidelines state that patients on chronic opioids must be monitored for efficacy, functionality, side effects and signs of drug abuse. In this patient, documentation is lacking which indicated that the patient had undergone a urine drug screen to confirm medication compliance, nor was there a signed pain contract or current pill count to assess the possibility of aberrant drug use. Thus, the medication should be weaned and discontinued. The request for Percocet 10/325 mg #240 is not medically appropriate and necessary.

Avinza 120 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 - 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids must be monitored for efficacy, functionality, side effects and signs of drug abuse. In this patient, documentation is lacking which indicated that the patient had undergone a urine drug screen to confirm medication compliance, nor was there a signed pain contract or current pill count to assess the possibility of

aberrant drug use. Thus, the medication should be weaned and discontinued. The request for Avinza 120 mg #60 is not medically appropriate and necessary.