

Case Number:	CM15-0098584		
Date Assigned:	05/29/2015	Date of Injury:	03/04/2002
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 4, 2002. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for Ativan, Neurontin, methadone, and Norco. The claims administrator referenced a RFA form dated May 5, 2015 and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In multiple RFA forms dated May 12, 2014, Neurontin, Zanaflex, Norco, and methadone were endorsed. In an associated progress note of the same date, May 12, 2015, the applicant reported ongoing complaints of low back pain, 8-9/10, with radiation of pain to left leg. The applicant's medications included Ativan, Neurontin, methadone, Norco, Zanaflex, it was reported. The note was very difficult to follow, mingled historical issues with current issues. The applicant did report derivative complaints of insomnia, headaches, and difficulty walking in the review of systems section of the note. The applicant was overweight, with BMI of 29. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. Ancillary complaints of vertigo were reported. The applicant had received provocative diskography and multiple hardware injections, it was reported. Ativan, Flexeril, Neurontin, methadone, Norco, and Zanaflex were ultimately continued and/or renewed while the applicant was placed off of work, on total temporary disability. Toward the top of the report the attending provider stated that the applicant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan . 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, it appeared that the attending provider and/or applicant were intent on employing Ativan for chronic, long-term, and/or nightly use purposes, for sedative effect. This was not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

Gabapentin 600mg #360 + 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, May 12, 2015. 8-9/10 pain complaints were reported at that point in time. The applicant was having difficulty performing activities of daily living as basic as walking, it was reported on that date. While the attending provider did state, in other sections of the note, that the applicant's medications were beneficial, these reports, however, were outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing gabapentin usage. Ongoing usage of gabapentin, furthermore, failed to curtail the applicant's dependence on opioid agents such as Norco and methadone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Methadone 10mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for methadone, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, May 12, 2015. The applicant's pain complaints were scored in the 8-9/10 range on that date. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was further noted. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with methadone. Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, May 12, 2015. The applicant continued to report pain complaints as high as 8-9/10, despite ongoing Norco usage. Activities of daily living as basic as standing and walking remained problematic, the treating provider reported. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.