

Case Number:	CM15-0098745		
Date Assigned:	06/01/2015	Date of Injury:	11/27/1996
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
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: California, 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 62-year-old male, who sustained an industrial injury on November 27, 1996. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic low back pain, lumbar failed back surgery, and lumbar back pain with radiculopathy, myalgia, bilateral shoulder impingement syndrome, and chronic anxiety, depression, and insomnia. Diagnostic studies to date have included lab studies. Treatment to date has included a home exercise program and medications including oral and topical pain, anticonvulsant, alpha 1-blocker, antidepressant, sleep, and non-steroidal anti-inflammatory. On April 28, 2015, the injured worker complains of constant, sharp, shooting, burning, and stabbing pain/spasticity of the bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees, and bilateral low back. His pain is rated: least = 4/10, average = 6/10, and worst = 8/10. He uses a cane. In the last 30 days, he has been depressed, angry, anxious, and frustrated. The physical exam revealed anxiety, an irritable mood and affect, and the point of maximum tenderness as at the lumbosacral junction of the lumbar spine. The treatment plan includes renewing the Terazosin HCL, Effexor XR, and Zonegran.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Terazosin HCL 5mg with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov.

Decision rationale: Terazosin is an alpha-adrenergic blocker used to treat hypertension and urinary frequency associated with benign prostatic hypertrophy (BPH). In this case, the patient no longer has hypertension since discontinuance of other medications. There is also no objective evidence for BPH. Therefore, there is no rationale for continuing Terazosin at this time and it is deemed not medically necessary or appropriate.

90 tablets of Effexor XR 75mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

Decision rationale: Effexor is an SSRI antidepressant indicated for the treatment or depression. It can also be use in cases of chronic neuropathic pain. In this case, there is a lack of documentation indicating either a decrease in depressive symptoms or decrease in neuropathic pain. Thus, the efficacy and/or functional improvement cannot be determined. Therefore, the request is deemed not medically necessary or appropriate at this time.

120 capsules of Zonegran 100mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anitepilepsy drugs, page 22.

Decision rationale: Zonegran is an anticonvulsant that should only be used for neuropathic pain when Tegretol, Neurontin or Lamictal cannot be used. In this case, there is no indication that other anticonvulsants have been tried and failed. There is also no documentation that Zonegran has reduced this patient's chronic neuropathic pain. Therefore, this request is deemed not medically necessary or appropriate at this time due to the lack of documentation indicated above.