MAXIMUS Federal Services

Case Number:	CM13-0022645		
Date Assigned:	11/13/2013	Date of Injury:	07/14/2011
Decision Date:	01/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilition has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a male patient with the date of injury of July 14, 2011. A utilization review determination dated August 19, 2013 recommends non-certification of Fanatrex. The recommendation for noncertification is due to lack of guideline support for the use of topical gabapentin. A progress report dated June 7, 2013 identifies the subjective complaints stating, "status post lumbar fusion with residual pain radiating into the right leg. The patient rates the pain as 8/10, on a pain analog scale. His pain is described as frequent to constant, moderate to severe. The pain is associated with radiating pain, numbness and tingling in the bilateral lower extremities. He states that he has numbness of the great toe. The pain is aggravated by prolonged positioning, including: sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. His pain is also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient denies any bowel or bladder problems. The patient states that the symptoms persist, but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. The pain is also alleviated by the Aqua pool therapy he has been receiving. He denies any problems with the medications." Objective examination identifies reduced range of motion in the lumbar spine, diminished sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally, and reduced motor strength in the lower extremities secondary to pain. Diagnoses include, "lumbar spine pain, that is post lumbar fusion with residual pain." Treatment plan states, "usage of medication has been explained to the patient. The patient was advised to stop taking the medication if he has any problems with them. The use of medications, especially oral medications will be monitored closely for effectiveness and possible dependency." The note goes on to state, "Fanatrex contains gabapen

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg/ml oral suspension 420ml dosage: 5ml(1tsp):5ml(tsp) tid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation drugs.com/pro/fanatrex

Decision rationale: Regarding the request for Fanatrex, guidelines do not contain criteria for Fanatrex specifically. Guidelines do contain criteria for the use of gabapentin. Chronic Pain Medical Treatment Guidelines state that antiepileptic drugs are recommended for neuropathic pain. They go on to state the gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Within the documentation available for review, it is clear the patient has neuropathic pain complaints, as well as objective examination findings supporting a diagnosis of neuropathic pain in the lower extremities. However, there is no documentation of specific analgesic benefit as a result of the Fanatrex, and no statement indicating how it is being used. Additionally, there is no statement indicating why the patient would be unable to tolerate gabapentin in a normal oral dosage in the form of pills, as opposed to a proprietary oral suspension product. There is no indication that the patient has swallowing difficulties, or that the currently requested proprietary blend has been shown superior to gabapentin in the capsule or tablet form. In the absence of clarity regarding those issues, the currently requested Fanatrex is not medically necessary.