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| Case Number: | CM14-0123285 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 10/28/2012 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 46 years old female with an injury date on 10/29/2012. Based on the 07/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical Radiculopathy. 2. Cervical Strain. 3. Tension Headache. 4. Post concussion syndrome. 5. Cervical Facet Syndrome. According to this report, the patient complains of headaches and neck pain that radiates down both arms. The patient rated the pain as a 6/10 with medication. The current medications are Pristiq, Neurontin and Atorvastatin. Cervical range of motion is restricted. Spasm is noted at the bilateral cervical paravertebral muscles. Tenderness is noted at the left cervical facet joints. Spurling maneuver test is positive with neck pain that radiates to the upper extremity. Sensation to pin prick is decreased over the left C3-T1 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 07/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/12/2013 to 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, neck pain and headaches x12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 07/02/2014 report by [REDACTED] this patient presents with headaches and neck pain that radiates down both arms. The treater is requesting 12 sessions of acupuncture for the headache and neck pain. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. In this case, medical records from 08/12/2013 to 07/10/2014 indicate that the patient has had 4 sessions of acupuncture treatments without much improvement and the patient continues to experience 6/10 pain. Without documentation of functional improvement, additional treatments are not supported by MTUS. Recommendation is for denial.

Neurontin 300mg # 30:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin and Pregabalin: MTUS has the following regarding Gabapentin (MTUS pg 18,19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic 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 postherpetic 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. Mechanism of action: This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. (Arnold, 2007) Specific pain states: There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is accompanied by increased sedation and dizziness. (Peng, 2007) (Buvanendran, 2007) (Menigaux, 2005) (Pandey, 2005) Spinal cord injury: Recommended as a trial for chronic neuropathic pain that is associated with this condition. (Levendoglu, 2004) CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. (Yaksi, 2007) Side-Effect Profile: Gabapentin has a favorable side-effect profile, few clinically significant drug-drug

interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. (Eisenberg, 2007) (Attal, 2006) Weight gain is also an adverse effect. Dosing Information: Postherpetic neuralgia - Starting regimen of 300 mg once daily on Day 1, then increase to 300 mg twice daily on Day 2; then increase to 300 mg three times daily on Day 3. Dosage may be increased Page(s): 18,19 ;49.

Decision rationale: According to the 07/02/2014 report by [REDACTED] this patient presents with headaches and neck pain that radiates down both arms. The treater is requesting Neurotin 300mg, #30. Neurotin was first noted in the 12/02/2013 report. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, ODG Guidelines recommend for neuropathic pain (pain due to nerve damage). Review of reports indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication but the patient mentions that medications "help." Given the patient's neuropathic pain, use of one Neurontin 300 mg pr day appears reasonable. Recommendation is for authorization.