MAXIMUS Federal Services

Case Number:	CM14-0031197		
Date Assigned:	04/07/2014	Date of Injury:	06/13/2007
Decision Date:	05/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/17/2014

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 Family Medicine, 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 53 year old male who was injured at work on 6/7/07. The injury occurred when he fell into a ditch. He has received ongoing care for neck, back, and bilateral hand pain. The medical records not that he has ongoing complaints of pain, particularly in the lumbar spine. Upon evaluation in December 2013, he was noted to have moderate to severe muscle spasms and progressive limited range of motion in the lumbar spine. He also was noted to have moderate to severe cervical pain associated with tingling and numbness radiating to the bilateral upper extremities. An MRI of the lumbar and cervical spine was done. The patient's diagnoses include limited cervical range of motion, cervical paraspinal muscle spasms, cervical sprain/strain, cervical multiple disc herniations, cervical radiculitis/radiculopathy, lumbar sprain/strain, lumbar disc herniations, and lumbar radiculitis/radiculopathy. He was prescribed topical creams in addition to his ongoing medications to include Tylenol, Cyclobenzaprine, Imuhance, Omeprazole, Tramadol, Percura-O, and Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR GAPABENTIN 600MG #60, (DOS: 10/3/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The Chronic Pain Medical Treatment Guidelines provide the criteria for the use of anti-epilepsy drugs (AEDs) such as Gabapentin. AEDs are recommended for neuropathic pain. However, there is a lack of expert consensus on the treatment of neuropathic pain due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of AEDs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few randomized controlled trials directed at central pain and none for painful radiculopathy. Further, there is insufficient evidence to recommend AEDs for axial low back pain. Finally, when Gabapentin is used, there should be a recommended trail period. In this trial period there should be an effort to titrate the dose to the maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. There is no evidence in the review of this patient's medical record that he has a medical condition for which AEDs such as Gabapentin are indicated. The majority of the patient's described symptoms are muscular in nature and therefore AEDs such as Gabapentin are not recommended. The patient has undergone a trial of Gabapentin; however, there is no evidence of an effort to titrate to a maximum tolerated dosage or an ongoing assessment for a change in pain or function. As such, the request for Gabapentin is not medically necessary.

RETRO REQUEST FOR IMUHANCE 450MG, #90 (DOS: 10/3/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Natural Medicine Database, the Natural Standards, the Micromedex 2.0, and Pubmed.

Decision rationale: In the medical records, Imuhance is described as being used for nutritional support. The Chronic Pain Medical Treatment Guidelines do not comment on the use of Imuhance or other nutritional support agents as adjuncts for the management of pain. Imuhance is not listed in the Natural Medicine Database ([redacted]), in the Natural Standards [redacted], in the Micromedex 2.0 ([redacted]), or in any research trial in Pubmed. In an internet search of Imuhance, there is no monograph available for review on the subject of this medication. In summary, there is no available information to assess the use of Imuhance as an adjunct for the treatment of chronic pain. Therefore, Imuhance is not considered as medically necessary.