

Case Number:	CM14-0039624		
Date Assigned:	06/27/2014	Date of Injury:	06/06/2003
Decision Date:	08/12/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 man who was injured while at work on 6/6/2003. The injuries were to his neck, back, and the upper and lower extremities. He is requesting review of denial for the following medications: Gralise (gabapentin), Methadone, and Venlafaxine. The medical records corroborate ongoing care for the stated injuries. His chronic diagnoses include the following: Cervicalgia; Opioid Type Dependent; Myofascial Pain/Spasm with Trigger Points; Brachial Neuritis; Migraine Variant; Chronic Pain Syndrome; Postlaminectomy; Depression/Anxiety; and Cervical Spondylosis. His treatments have included Cervical Spine Decompression and Fusion (C5-C7); Stellate Ganglion Blocks; Spinal Cord Stimulator/Implant; TENS Unit; Chiropractic Care; and medications from the following categories: Opioids, NSAIDS, Antiepileptic Drugs, Antidepressants, and Muscle Relaxants. He has been referred to a number of different consultants to include Orthopedics, Physical Medicine & Rehabilitation, Pain Medicine, and Psychiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gralise (12/17/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Antiepilepsy Drugs, Pages 16-22 Page(s): 16-22.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antiepilepsy drugs (AEDs) for patients with persistent pain. As a class of drugs, they are recommended for neuropathic pain (Page 16). Most randomized controlled trials for the use of AEDs have been directed at postherpetic neuralgia and painful diabetic polyneuropathy. For patients with chronic non-specific axial low back pain, there is insufficient evidence to recommend for or against AEDs. For myofascial pain, AEDs are not recommended. When used, the guidelines state that there should be a recommended trial period. For gabapentin, an adequate trial is three to eight weeks for titration, then one to two weeks at the maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In reviewing the medical records, there is not enough documentation to determine the indication for the use of gabapentin. Further, there is not enough documentation to indicate that there was a trial period, which included titration to the maximum tolerated dosage and a specific assessment to determine if there had been a change in pain or function. In summary, there is not enough documentation based on the criteria in the MTUS/Chronic Pain Medical Treatment Guidelines to support the use of gabapentin in this patient. Gabapentin is not considered as a medically necessary treatment. Therefore, the request is not medically necessary.

Retrospective request for Methadone (12/17/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pages 74-97 Page(s): 74-97.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide criteria in the use of opioids for chronic pain. For patients with Chronic Back Pain, these guidelines state that they appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy these guidelines also comment on the actions that should be taken with ongoing use of opioids. These criteria include The 4 A's on Ongoing Monitoring. One element of the 4 A's is the determination of the analgesic and functional assessment of patients on opioids. The need for ongoing monitoring of these elements is to determine if the use of opioids is achieving the desired outcomes. As stated in the guidelines, if it is determined those opioids are not achieving the desired outcomes, they should be discontinued. In reviewing the medical records, it is unclear as to whether there has been a specific ongoing assessment that meets these MTUS/Chronic Pain Medical Treatment Guidelines. It cannot be determined from the medical records as to whether the patient's use of methadone is achieving a desired outcome. Methadone is therefore not considered as a medically necessary treatment.

Retrospective request for Venlafaxine (12/17/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Pages 13-16 Page(s): 13-16.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antidepressants. The guidelines state that they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. When used, there is to be an assessment of treatment efficacy. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. The guidelines also comment on the use of antidepressants in the category of selective serotonin and norepinephrine reuptake inhibitors (SNRIs), such as Venlafaxine. Venlafaxine is approved for anxiety, depression, panic disorder and social phobias. When dosing Venlafaxine for patients with neuropathic pain, a trial period is recommended; specifically, the full benefit may not occur until six weeks. In reviewing this patient's medical record, there is not enough documentation on the specific indication for Venlafaxine. Further, there is not enough documentation to indicate that there has been an assessment of treatment efficacy regarding pain outcomes, evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological function. Therefore, Venlafaxine is not considered as a medically necessary treatment.