

Case Number:	CM14-0058624		
Date Assigned:	07/11/2014	Date of Injury:	05/08/2012
Decision Date:	08/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 8, 2012. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, transfer of care to and from various providers in various specialties, anxiolytic medications, and extensive periods of time off of work. In a Utilization Review Report dated April 16, 2014, the claims administrator failed to approve prescriptions for Neurontin, Norco, Flexeril, and Imitrex. The claims administrator cited a variety of guidelines and stated that the applicant did not meet those guidelines and further posited that the applicant had not benefited from the medications in question. The applicant's attorney subsequently appealed. In a progress note dated April 8, 2014, the applicant's treating provider noted that the applicant did experience side effects with Neurontin, including lethargy and difficulty word finding. The applicant had gained 14 pounds since using Neurontin. The applicant appeared very lethargic. The applicant was using Norco twice daily. The applicant stated that Valium had not been very beneficial. The applicant was in the process of moving to Iowa, it was stated. Flexeril was endorsed for spasms. The applicant was asked to continue Neurontin and Norco. The applicant was described as temporarily and permanently disabled. In a progress note dated February 25, 2014, the attending provider stated that the applicant had persistent complaints of swelling, pain, and throbbing about the neck and right arm. The applicant had developed issues with lethargy and difficulty initiating speech with gabapentin usage. It was stated that gabapentin had ameliorated the applicant's burning pain to some degree. This was not quantified, however. Permanent work restrictions were endorsed. The applicant was described as having continued complaints of severe headaches and head pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: 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 Gabapentin section Page(s): 7, 19.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the applicant should be asked at each visit as to whether there has been an improvement in pain and/or function with ongoing Gabapentin usage. In this case, there is incomplete evidence of analgesia with ongoing gabapentin usage. On another office visit, there was no mention of any improvements in pain and/or function achieved as a result of ongoing gabapentin usage. The applicant has not returned to work and work status/work restrictions remain unchanged from visit to visit, despite ongoing gabapentin usage. The applicant continues to use other agents, including Norco, despite ongoing gabapentin usage. The attending provider has not quantified the applicant's analgesia with and without gabapentin. All of the above, taken together, imply that ongoing usage of gabapentin has failed to effect any lasting benefit or functional and, moreover, is producing adverse effects such as lethargy and sedation. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guideline According to the MTUS, an attending provider should incorporate discussions of both efficacy and side effects into his choice of recommendations. For all of the stated reasons the request is not medically necessary. All of the above, taken together, imply that ongoing usage of gabapentin has failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f and, moreover, is producing adverse effects such as lethargy and sedation. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate discussions of both efficacy and side effects into his choice of recommendations. No such discussion has taken place here. For all of the stated reasons, then, the request is not medically necessary.

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant does not appear to be deriving any improvements in terms of performance of non-work activities of daily living with ongoing Norco

usage. The attending provider has not recounted how Norco has been beneficial here. Therefore, the request is not medically necessary.

Imitrex 25mg #5: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Imitrex Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Imitrex usage, the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA-labeled purposes has a responsibility to be well informed regarding usage of the same and should provide evidence to support such usage. In this case, the Food and Drug Administration (FDA) notes that Imitrex tablets are indicated for the acute treatment of migraine headaches. Here, however, the attending provider's documentations suggests nonspecific headaches and/or head pressure. There was no explicit mention of migraine headaches as an operating diagnosis here. There is no mention of headaches with associated symptoms of nausea, vomiting, photophobia, phonophobia, etc. The clinical presentation, thus, does not appear to be consistent with migraine headaches for which Imitrex should be indicated. No medical evidence was provided to support usage of Imitrex for nonspecific headaches/head pressure, as it appears to be present here. Therefore, the request is not medically necessary.

Flexeril: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.