

Case Number:	CM14-0066763		
Date Assigned:	07/11/2014	Date of Injury:	09/05/1992
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/12/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 53-year-old male who reported an injury while moving furniture on 09/05/1992. On 07/09/2014, his diagnoses included elbow pain, hip pain, radiculitis due to displacement of lumbar disc, foot pain and low back pain. His complaints included pain to the right hip, which interfered with his ability to drive, low back pain radiating to the right buttock, right posterior and anterior thigh, right and left calves and right foot. The pain worsened with walking, back flexion, twisting movements and standing. He derived some relief by lying flat. His medications included Neurontin 100 mg, Neurontin 800 mg, Skelaxin 800 mg and ibuprofen 800 mg. In a psychiatric evaluation on 05/30/2014, his diagnoses were noted as dysthymia, pain disorder due to general medical condition, right lumbar herniated nucleus pulposus and radicular syndrome of the right lower extremity, microdiscectomy on 04/23/1999 and stress due to chronic pain and physical impairment. It was noted that he had been using an interferential current stimulation unit. There was no documentation of any functional benefits or pain reduction derived from the use of that unit. There was no rationale included in this injured worker's chart. A Request for Authorization dated 05/06/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

interferential current stimulation unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for interferential current stimulation unit is not medically necessary. The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There are no standardized protocols for the use of interferential therapy and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time and electrode placement. The body part or parts to which this interferential unit was to have been applied was not specified in the request, nor were there any parameters for a frequency of stimulation, pulse duration, treatment time or electrode placement. The need for this requested interferential current stimulation unit was not clearly demonstrated. Therefore, this request for interferential current stimulation unit is not medically necessary.

Neurontin 100mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not given.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 49.

Decision rationale: The request for Neurontin 100 mg #120 with 3 refills is not medically necessary. Per the California MTUS Guidelines antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and moderate response is a 30% reduction. A change to a different first line agent or combination therapy may be indicated if the pain reduction response is less than 30%. Neurontin, specifically, has been considered as a first line treatment for neuropathic pain. Neurontin has also been recommended for complex regional pain syndrome. There is no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no quantified response regarding pain reduction or increase in functional abilities due to the use of Neurontin. Furthermore, there was no frequency of administration included with this request. Therefore, this request for Neurontin 100 mg #120 with 3 refills is not medically necessary.

Neurontin 800mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not given.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 49.

Decision rationale: The request for Neurontin 800 mg #120 with 3 refills is not medically necessary. Per the California MTUS Guidelines antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use antiepileptic medications has been defined as a 50% reduction in pain and moderate response is a 30% reduction. A change to a different first line agent or combination therapy may be indicated if the pain reduction response is less than 30%. Neurontin, specifically, has been considered as a first line treatment for neuropathic pain. Neurontin has also been recommended for complex regional pain syndrome. There is no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no quantified response regarding pain reduction or increase in functional abilities due to the use of Neurontin. Furthermore, there was no frequency of administration included with this request. Therefore, this request for Neurontin 800 mg #120 with 3 refills is not medically necessary.

Skelaxin 800mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Skelaxin 800 mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbation in patients with chronic pain. In most cases they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Skelaxin is an antispasmodic and is reported to be a relatively nonsedating muscle relaxant. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. It should be noted that this injured worker has diagnosis of dysthymia. Use of central nervous system depressants with a worker who has a diagnosis of dysthymia should be closely monitored. The submitted documentation does not identify spasticity and there was no documentation of significant functional benefit with the use of Skelaxin. Additionally, frequency of administration was not included with the request. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. This injured worker has been taking Skelaxin for a period which exceeds the recommendations in the guidelines. Therefore, this request for Skelaxin 800 mg #90 with 3 refills is not medically necessary.