MAXIMUS Federal Services

Case Number:	CM14-0079261		
Date Assigned:	07/18/2014	Date of Injury:	09/04/2000
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation, 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 54 year old female with date of injury 9/4/00. The treating physician report dated 5/7/14 indicates that the patient presents with lumbar pain. No physical examination was performed on 5/7/14. The treating physician states the current plan is to increase the patient's ability to self-manage pain and related problems. There is a hand written note from the patient that states, "My back is in severe pain. I think I ruptured or herniated another disc. My knees are always in pain. My neck is spasming." The current diagnoses are: 1.Chronic pain 2.Displaced disc 3.Lumbar DDD 4.Unspecified disorders of back 5.Pain in thoracic spine 6.Lumbago 7.Thoracic/Lumbosacral radiculitis 8.Disorders of coccyx. The utilization review report dated 5/16/14 denied the request for Gabitril, Kadian 30mg CP24 #120, Kadian 100mg #60 and Provigil 200mg #30 and modified the Opana 10mg #120 to Opana 10mg #30 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabitril 4 mg. QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs)Anti-epilepsy drugs (AEDs) are also referred to as anti-

convulsants.Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. See also specific drug listings below: Gabapentin (Neurontin®); Pregabalin (Lyrica®); Lamotrigine (Lamictal®); Carbamazepine (Tegretol®); Oxcarbazepine (Trileptal®); Phenytoin (Dilantin®); Topiramate (Topamax®); Levetiracetam (Keppra®); Zonisamide (Zonegran®); & Tiagabine (Gabitril®), page 16-18.

Decision rationale: The patient presents with chronic lower back pain according to the treating physician report dated 5/7/14 which states, "She has had an increase in back pain of unclear etiology. We will monitor for now. Medications are refilled. She will need to repeat her UDS." The current request is for Gabitril 4 mg. QTY: 60. There is very little clinical information in the reports provided by the treating physician to establish any medical necessity for the medications prescribed. The MTUS guidelines support the usage of Gabitril for neuropathic pain. MTUS on page 60 states that medications for chronic pain should contain documentation of the patient's pain and function while using the prescribed medication. The treater in this case has submitted a report that did not quantify the patient's pain in relation to the usage of this medication and there is no mention of functional improvement with medication usage. Recommendation is for denial of Gabitril and appropriate weaning should be implemented.

Opana 10 mg. QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 80,81,82,83,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

Decision rationale: The patient presents with chronic lower back pain according to the treating physician report dated 5/7/14 which states, "She has had an increase in back pain of unclear etiology. We will monitor for now. Medications are refilled. She will need to repeat her UDS." The current request is for Opana 10 mg. QTY: 120. There is very little clinical information in the reports provided by the treating physician to establish any medical necessity for the medications prescribed. The MTUS guidelines support the usage of Opana for the treatment of chronic pain. MTUS on page 60 states that medications for chronic pain should contain documentation of the patient's pain and function while using the prescribed medication. MTUS on page 78 also requires documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The documentation provided is inadequate to show medication efficacy and the treater has failed to meet the MTUS guidelines. Recommendation is for denial.

Kadian 30 mg. CP24 QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,81, 82, 83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

Decision rationale: The patient presents with chronic lower back pain according to the treating physician report dated 5/7/14 which states, "She has had an increase in back pain of unclear etiology. We will monitor for now. Medications are refilled. She will need to repeat

Kadian 100 mg. QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,81, 82, 83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

Decision rationale: The patient presents with chronic lower back pain according to the treating physician report dated 5/7/14 which states, She has had an increase in back pain of unclear etiology. We will monitor for now. Medications are refilled. She will need to repeat her UDS. The current request is for Kadian 100 mg. QTY: 60. There is very little clinical information in the reports provided by the treating physician to establish any medical necessity for the medications prescribed. The MTUS guidelines support the usage of Kadian for the treatment of chronic pain. Unfortunately the treater in this case has failed to document any of the MTUS requirements of pain and function in relation to this medication usage. The four A's(analgesia, ADL's, Adverse effects and Adverse behavior) were not documented and there is no way to ascertain the effects of this medication that has been prescribed since 6/4/13. The documentation provided is inadequate to show medication efficacy and the treater has failed to meet the MTUS guidelines while continuing to prescribe this medication month after month since 6/4/13. Recommendation is for denial.

Provigil 200 mg. QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PROVIGIL, ODG guidelines, Pain chapter online, for:Provigil (modafinil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Provigil® (modafinil) Provigil is the brand name for modafinil, manufactured by Cephalon, and is approved by the FDA.

Decision rationale: The patient presents with chronic lower back pain according to the treating physician report dated 5/7/14 which states, "She has had an increase in back pain of unclear etiology. We will monitor for now. Medications are refilled. She will need to repeat