

Case Number:	CM14-0111558		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2005
Decision Date:	01/02/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/16/2014

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 low pain reportedly associated with an industrial injury of April 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; adjuvant medications; epidural steroid injection therapy; and sacroiliac joint injection therapy. In a Utilization Review Report dated June 25, 2014, the claims administrator failed to approve requests for Neurontin and Gralise. The topical compounded Gabapentin- containing agent was likewise denied. The claims administrator stated that its decisions were based on a prescription form of June 11, 2014, an RFA form of May 20, 2014, and a progress note of May 7, 2014. The applicant's attorney subsequently appealed. In a May 7, 2014 progress note, the applicant reported ongoing complaints of low back pain, which the attending provider posited were a function of sacroiliac joint dysfunction. The applicant has had some recent skin infection and had apparently undergone a recent CABG surgery, it was noted. The applicant was using extended release Gabapentin (Gralise), a topical Gabapentin-containing cream, and Nucynta, it was acknowledged. The applicant was asked to continue using oral Gabapentin and the topical compounded Gabapentin-containing cream. It was stated that the applicant should employ Nucynta at a heightened dose on the grounds that the applicant had become tolerant to the current dose of the same. The applicant's work status was not clearly stated. In an earlier note dated May 7, 2014, the attending provider again noted that the applicant had become tolerant to Nucynta and suggested that the applicant employ a heightened dosage of the same. The applicant was also asked to continue using Gabapentin and a topical compounded cream. The applicant's work status, once again, was not clearly outlined. It did not appear that the applicant was working at age 66, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 mg Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an applicant using Gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Gabapentin (Neurontin) usage. The applicant did not appear to be working. Ongoing usage of Gabapentin (Neurontin) has failed to curtail the applicant's dependence on Nucynta. In fact, the applicant appears to be using heightened doses of Nucynta, an opioid agent, from visit to visit, despite ongoing usage of Neurontin (Gabapentin). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin (Gabapentin). Therefore, the request for Neurontin was not medically necessary.

Gralise 600 capsules Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as "other medications." Here, however, the attending provider has failed to outline a compelling case for provision of short-acting Gabapentin (Neurontin) in conjunction with long-acting Gabapentin (Gralise). Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should entertain some discussion of "cost" into his choice of recommendations. Here, however, the attending provider did not state why the applicant needs to use brand-name Gralise, nor did the attending provider outline a compelling case for provision of Gralise in conjunction with short-acting Gabapentin (Neurontin). Therefore, the request was not medically necessary.

Compound Topical 240gm (Gabapentin/Ketamine/Ketoprofen) Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, both Ketoprofen and Gabapentin, two of the ingredients in the compound at issue, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended for topical compound formulation purposes, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.