MAXIMUS Federal Services

Case Number:	CM14-0193327		
Date Assigned:	12/01/2014	Date of Injury:	03/24/2008
Decision Date:	01/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

44 y/o male injured worker with date of injury 3/24/08 with related low back pain. Per progress report dated 9/18/14, the injured worker complained of bilateral lower back pain, bilateral lower extremity pain, and bilateral knee pain. He rated his pain as 7/10 in intensity, and 10/10 without medications. Per physical exam, there was tenderness of the paravertebral muscles on both sides. There was decreased sensation over the right L5 and S1 dermatomes. Exam of the right knee noted swelling superior to the patella which had remained unchanged. There was tenderness to palpation over the lateral joint line, medial joint line, patella, and the tenderness had increased since the last evaluation. Treatment to date has included cortisone injection, physical therapy, and medication management.The date of UR decision was 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, 270 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia."Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects."The documentation submitted for review indicates that the use of gabapentin and Lyrica creates a significant reduction in the injured worker's neuropathic pain symptoms and allows him to prevent escalation of narcotic pain medication usage. I respectfully disagree with the UR physician's denial based upon confusion regarding whether this medication was used for seizure control. Per progress report dated 11/13/14, it was clarified that although the injured worker had a fall where he struck his head and was observed to have activity that was seizure like, he had since been cleared after having an EEG performed. He was no longer taking any anti seizure medications and had not had any additional episodes. While it is atypical to prescribe a patient both gabapentin and pregabalin, it is certainly not dangerous, it is not contraindicated by the MTUS, and the PTP has articulated articulated a rational, cogent, and reasoned explanation. The guidelines do favor use of multiple neuropathic pain medications, especially when the advantage is a reduction in narcotic use. The request is medically necessary.

Restoril 30 mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia Treatment Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: The MTUS is silent on the treatment of insomnia.With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action."Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of

insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning.The documentation submitted for review do not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. The request is not medically necessary.

Lyrica 150 mg, sixty count with five refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Section Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia."Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."The documentation submitted for review indicates that the use of gabapentin and Lyrica creates a significant reduction in the injured worker's neuropathic pain symptoms and allows him to prevent escalation of narcotic pain medication usage. I respectfully disagree with the UR physician's denial based upon confusion regarding whether this medication was used for seizure control. Per progress report dated 11/13/14, it was clarified that although the injured worker had a fall where he struck his head and was observed to have activity that was seizure like, he had since been cleared after having an EEG performed. He was no longer taking any anti seizure medications and had not had any additional episodes. While it is atypical to prescribe a patient both gabapentin and pregabalin, it is certainly not dangerous, it is not contraindicated by the MTUS, and the PTP has articulated articulated a rational, cogent, and reasoned explanation. The guidelines do favor use of multiple neuropathic pain medications, especially when the advantage is a reduction in narcotic use. The request is medically necessary.