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| <b>Case Number:</b>   | CM14-0194765 |                              |            |
| <b>Date Assigned:</b> | 12/02/2014   | <b>Date of Injury:</b>       | 02/28/2008 |
| <b>Decision Date:</b> | 01/16/2015   | <b>UR Denial Date:</b>       | 11/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This is a 58 year old patient with date of injury of 02/28/2008. Medical records indicate the patient is undergoing treatment for cervical radiculitis, lumbosacral or thoracic neuritis, myofascial pain and pain in wrist joint. Subjective complaints include cervical spine pain rated 8/10, lumbar spine pain rated 6/10 and irritability. Objective findings include tenderness with palpation of cervical and lumbar spine and paraspinal muscles, decreased cervical range of motion and decreased lumbar extension/flexion. Treatment has consisted of lumbar epidural steroid injection, home exercise program, physical therapy, Gabapentin, Venlafaxine ER, and Omeprazole. The utilization review determination was rendered on 11/13/2014 recommending non-certification of Gabapentin 100mg #60 and Venlafaxine 75mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended trial period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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 treating physician has not provided evidence of objective functional benefit from the use of this medication as required in previous review dated 09/26/2014. As such, the request for Gabapentin 100mg #60 is not medically necessary.

**Venlafaxine 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding states "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. Side-effect profile: CNS: (>5%) drowsiness, weakness, dizziness, dry mouth, insomnia, nervousness/anxiety (13/6% vs. 6/3%), tremor, headache, seizures. GI: N&V, constipation, weight loss (2-18%). Pre-existing hypertension should be controlled. Cholesterol may be increased (5%). Sexual dysfunction has also been noted. Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation". In addition, the treating physician has not documented objective functional benefits from the utilization of this medication as requested in previous review dated 09/26/2014. As such, the request for Venlafaxine 75mg #60 is not medically necessary.