

Case Number:	CM14-0196362		
Date Assigned:	12/03/2014	Date of Injury:	03/14/2012
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Practice 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:

Injured worker is a 57 year old male with date of injury that occurred on 03/14/12. The mechanism of injury is slip and fall. MD office note dated 9/29/14 states medications listed as Nucynta 100 mg, Flexeril 75 mg, Norco 10/325, Motrin and OTC aleve. This request is for Horizant 300 mg #60, previously non-certified on 11/10/14. Per record submitted the use of Gralise was not tolerated and was then started on Horizant. The claimant is being treated for neck pain, cervical disc disease, cervical radiculopathy, lumbar back pain, lumbar disc disease, and lumbar radiculopathy. Pt is status post cervical fusion at C5-6 11/26/12. Conservative treatment measures include chronic opioid therapy, activity modifications, LESI at L5-S1 and acupuncture. The claimant complains of increased low back pain radiating down the left leg. CA MTUS does not support the request for Horizant as Gabapentin has been considered the first line treatment for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant Tab 300 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. CA MTUS does not support the request for Horizant as Gabapentin has been considered the first line treatment for neuropathic pain. The request is not reasonable as rationale for why a medication which is not first line agent is being requested at this time.