

<b>Case Number:</b>	CM14-0201961		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/27/1978
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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:

This is a 61 year-old male with a 3/27/1978 date of injury. According to the 10/16/14 medical report, the patient injured his neck and back in 1978 from a fall. He has been treated with conservative care, chiropractic, TENS and medications. He tried a cervical RFA without benefit. He has been diagnosed with Chronic pain syndrome; cervical spondylosis without myelopathy; lumbar spondylosis without myelopathy; degeneration of cervical and lumbar discs; obesity; essential hypertension, benign; obstructive sleep apnea; adjustment disorder with mixed anxiety and depressed mood; hyperlipidemia; testicular hypofunction; dietary surveillance. He continues to report 9/10 pain that at best goes to 4/10. He uses Fentanyl 25mcg/h patches for pain with Norco 10/325mg max 3/day for breakthrough, also gabapentin 300mg bid, Skelaxin 800mg bid; Effexor ER 225mg qd; Lexapro 10mg qd and medication for blood pressure. There is a 6/12/14 psychology report providing necessity of Effexor and Neurontin and documents the difficulty he has been having getting medications approved and the adverse psychological impact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60, 1 cap by mouth twice a day, 30 days refills: 2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), GabapentinAntiepilepsy drugs (AEDs) Page(s): 18-19; 16-18.

**Decision rationale:** The patient is a 61 year-old male with chronic pain syndrome from a work-related fall in 1978. He is currently reported to have neck and low back pain with depression/anxiety. He has cervical spinal stenosis and radicular symptoms down the upper extremities. Pain levels are reported to be as high as 9/10, but can go down to 4/10 with medications. The patient has not had surgical intervention in the neck or low back related to the industrial injury. This request is for "Gabapentin 300mg #60, 1 cap by mouth twice a day, 30 days refills: 2." MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under Specific Anti-Epilepsy Drugs for Neurontin states: "Gabapentin (Neurontin, Gaborone, generic available) 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." MTUS Chronic Pain Medical Treatment Guidelines pages 16-18 Antiepilepsy drugs (AEDs) states: Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. According to the available medical records, this patient has suffered with severe back and neck pain with radiating symptoms in the upper extremities for 36 years. The pain management reports from 10/16/14 and 11/12/14 show a general decrease in pain levels from 9/10 to 4/10 and increase in function with medications. The 6/12/14 psychological report documents benefits specifically for the Gabapentin and Effexor. The current pain management physician appears to be providing Gabapentin in accordance with MTUS guidelines. The request for Gabapentin 300mg #60, 1 cap by mouth twice a day, 30 days refills: 2 is medically necessary.

**Skelaxin 800 mg #60, 1 tab by mouth twice a day, 30 days refills: 2:** Overtuned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66; 8.

**Decision rationale:** The patient is a 61 year-old male with chronic pain syndrome from a work-related fall in 1978. He is currently reported to have neck and low back pain with depression/anxiety. He has cervical spinal stenosis and radicular symptoms down the upper extremities. Pain levels are reported to be as high as 9/10, but can go down to 4/10 with medications. The patient has not had surgical intervention in the neck or low back related to the industrial injury. This request is for "Skelaxin 800 mg #60, 1 tab by mouth twice a day, 30 days refills: 2." MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66 under Muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS specifically for Metaxalone (Skelaxin, generic available) states this is reported to be a relatively non-sedating muscle relaxant. The exact mechanism of action is unknown, but the effect is

presumed to be due to general depression of the central nervous system. MTUS page 8 under Pain outcomes and Endpoints states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the available medical records, this patient has suffered with severe back and neck pain with radiating symptoms in the upper extremities for 36 years. The pain management reports from 10/16/14 and 11/12/14 show a general decrease in pain levels from 9/10 to 4/10 and increase in function with medications. According to the MTUS guidelines, this is a satisfactory response. The use of Skelaxin appears to be in accordance with MTUS guidelines. The request for "Skelaxin 800 mg #60, 1 tab by mouth twice day, 30 days refills: 2" is medically necessary.

**Venlafaxine 225 HCL ER mg #30, a tab by mouth once a day, 30 days refills: 2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The patient is a 61 year-old male with chronic pain syndrome from a work-related fall in 1978. He is currently reported to have neck and low back pain with depression/anxiety. He has cervical spinal stenosis and radicular symptoms down the upper extremities. Pain levels are reported to be as high as 9/10, but can go down to 4/10 with medications. The patient has not had surgical intervention in the neck or low back related to the industrial injury. This request is for "Venlafaxine 225 HCL ER mg #30, a tab by mouth once a day, 30 days refills: 2." MTUS Chronic Pain Medical Treatment Guidelines, pages 13-16 for Antidepressants for chronic pain state: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines, pages 13-16, Specific Antidepressants for: Venlafaxine (Effexor) state: FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. According to the available medical records, this patient has suffered with severe back and neck pain with radiating symptoms in the upper extremities for 36 years. There is also mention of mood disorder with depression and anxiety, and documentation that the patient is undergoing psychotherapy. The pain management reports from 10/16/14 and 11/12/14 show a general decrease in pain levels from 9/10 to 4/10 and increase in function with medications. The 6/12/14 psychological report documents benefits specifically for the Gabapentin and Effexor and notes benefit with neuropathic pain reduction. The current pain management physician appears to be providing Effexor (Venlafaxine ER) in accordance with MTUS guidelines. The request for Venlafaxine 225 HCL ER mg #30, a tab by mouth once a day, 30 days refills: 2 is medically necessary.