

Case Number:	CM14-0202272		
Date Assigned:	01/27/2015	Date of Injury:	04/12/2007
Decision Date:	03/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 back pain reportedly associated with an industrial injury of April 12, 2007. In a Utilization Review Report dated November 8, 2014, the claims administrator failed to approve a request for Horizant. The claims administrator referenced an RFA form received on November 12, 2014 in its determination. The applicant's attorney subsequently appealed. In a September 8, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was using Mobic and tramadol for pain relief. A 4-5/10 pain was appreciated. The applicant had tried and failed two prior epidural steroid injections, the attending provider acknowledged. The applicant was given a diagnosis of lumbar radiculopathy versus lumbar myofascial pain syndrome. A trial of Duexis was endorsed. The applicant was placed off of work, on total temporary disability. There was no mention of Horizant on this date. On September 26, 2014, the applicant reported persistent complaints of low back pain radiating to the right lower extremity. The applicant was, once again, placed off of work, on total temporary disability. The applicant had had 24 sessions of physical therapy without relief, it was acknowledged. Electrodiagnostic testing was endorsed while the attending provider suggested that the applicant remain off of work. On October 20, 2014, the attending provider stated that he would, once again, keep the applicant off of work, owing to ongoing complaints of low back pain. The applicant was asked to employ Gabapentin on this occasion. On October 6, 2014, the applicant again reported persistent complaints of low back pain radiating to the right leg with ancillary complaints of depression and anxiety. The applicant was asked to employ gabapentin

on a trial basis. On November 17, 2014, the attending provider stated that the applicant was exhibiting side effects with Horizant. The attending provider suggested that the applicant did continue Horizant and employ Cymbalta for radicular pain and depression. The applicant was, once again, kept off work, on total temporary disability. The request for Horizant (a brand name variant of gabapentin) was not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first-line treatment for neuropathic pain, as was present here in the form of the applicant's ongoing lumbar radicular pain complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as side effects into his choice of pharmacotherapy. Page 47 of ACOEM Practice Guidelines further notes that an attending provider should incorporate some discussion of cost into his choice of recommendations. Here, the attending provider stated that the applicant was experiencing side effects such as facial numbness reportedly attributed to ongoing usage of Horizant on a progress note of November 17, 2014. Discontinuing Horizant appeared to be a more appropriate choice than continuing the same, in the face of the applicant's reported side effects. Furthermore, the attending provider did not, contrary to what was suggested by ACOEM, incorporate any discussion of cost into his pharmacotherapy. The attending provider did not establish a rationale for provision of brand name Horizant in favor of generic gabapentin. The request, thus, was at odds with both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary. MTUS Chronic Pain Medical Treatment Guidelines, page 49, Gabapentin topic. MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management section. ACOEM Practice Guidelines, Chapter 3, page 47, Oral Pharmaceuticals section.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600mg #30 for nerve pain, 1 tablet po qhs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Gabapentin topic, Functional Restoration Approach to Chronic Pain Management section Page(s): 4.

Decision rationale: The request for Horizant (a brand name variant of gabapentin) was not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first-line treatment for neuropathic pain, as was present here in the form of the applicant's ongoing lumbar radicular pain complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "side effects"

into his choice of pharmacotherapy. Page 47 of ACOEM Practice Guidelines further notes that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, the attending provider stated that the applicant was experiencing side effects such as facial numbness reportedly attributed to ongoing usage of Horizant on a progress note of November 17, 2014. Discontinuing Horizant appeared to be a more appropriate choice than continuing the same, in the face of the applicant's reported side effects. Furthermore, the attending provider did not, contrary to what was suggested by ACOEM, incorporate any discussion of cost into his pharmacotherapy. The attending provider did not establish a rationale for provision of brand name Horizant in favor of generic gabapentin. The request, thus, was at odds with both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.