

Case Number:	CM15-0007566		
Date Assigned:	01/26/2015	Date of Injury:	02/19/2012
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 54 year old female, who sustained an industrial injury on 2/19/2012. She has reported back pain when lifting. The diagnoses have included disc disease L2-L5, facet arthropathy at all levels, with foraminal and spinal canal stenosis with radiculopathy, back strain with spasm, and chronic pain syndrome. Treatment to date has included medication, physical therapy, and a transforaminal epidural injection L4-L5. Currently, the IW complains of back pain, sleep issues, stress and depression. Physical examination from November 13/2014, documented tenderness along lumbosacral area. Plan of care included possible epidural injection, continued medications, and use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. On 12/15/2012 Utilization Review modified certification for neurontin 600mg #60 and Flexeril 7.5mg # 90, noting the documentation did not support prolonged use. The MTUS Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of neurontin 600mg #90 and Flexeril 7.5mg #60, both retroactively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective neurontin 600mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): (s) 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin[®] ½)

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. (Dworkin, 2003) 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." Based on the clinical documentation provided, the treating physician does not fully detail a decrease in pain or improvement in function. As such, the request for Neurontin 600mg quantity 90 is not medically necessary.

Retrospective flexeril 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): page 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril[®] ½) UpToDate, Flexeril

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. (Dworkin, 2003) 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." Based on the clinical documentation provided, the treating physician does not fully detail a decrease in pain or improvement in function. As such, the request for Neurontin 600mg quantity 90 is not medically necessary. As such, the request for Retrospective flexeril 7.5mg quantity 60 is not medically necessary.

