

Case Number:	CM15-0007792		
Date Assigned:	01/23/2015	Date of Injury:	06/17/2009
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 46-year-old male who reported an injury on 06/17/2009. The mechanism of injury was not provided. His diagnoses included lumbago, lumbar intervertebral disc degeneration, and lumbar/thoracic radiculitis. His past treatments were noted to include medications, a spinal cord stimulator, and home exercise. He has been taking Neurontin and Duexis since at least 07/14/2014. At his followup visit on 11/06/2014, symptoms included severe lower back and left leg pain. It was noted that his medications were working well. He indicated that without his medications he is unable to work, but that he can work with use of his current medications. It was also noted that his ability to sleep had improved since he had begun taking Lyrica and Soma, and he gets about 4 to 5 hours of uninterrupted sleep per night. His current medications were noted to include Neurontin 600 mg 3 times a day, Dilaudid 8 mg 4 times a day as needed, Soma 350 mg daily as needed, fentanyl patches 50 mcg every 2 days, and methadone 10 mg every 8 hours. It was also indicated that prescriptions for Duexis 2 to 3 times per day as needed, and baclofen 10 mg 1 to 2 tablets twice a day as needed were being held. However, the rationale for the holding of these medications was not specified. A previous clinical note had indicated that the injured worker had done well on a Duexis trial but had not been covered by insurance. The documentation also indicated that the injured worker had failed Nucynta due to GI symptoms, and had also failed Exalgo, Lyrica, Vimovo, and naproxen. However, the reason for the failure of these medications was not specified. Requests were received for Neurontin 600 mg #90 and Duexis #60. However, the specific rationale for each of these medications was not included within the most recent clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: According to the California MTUS Guidelines, gabapentin is a first line treatment for neuropathic pain. The guidelines also state that documentation should show significant pain relief, improvement in function, and the absence of significant side effects in order to justify continued use. The clinical information submitted for review indicated that the injured worker's current medication regimen was allowing him to work. It was also specified that Lyrica was helping him sleep. However, there was also documentation indicating that he had failed Lyrica. The 11/06/2014 note failed to include details regarding efficacy of Neurontin which was requested. There was also no objective measurable evidence of pain relief with his current medications to warrant continued use. Furthermore, the request, as submitted, failed to include a frequency of use. For the reasons noted above, the request is not medically necessary.

Prospective use of Duexis #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis; 1/2 (ibuprofen & famotidine).

Decision rationale: The Official Disability Guidelines state that Duexis, a combination of ibuprofen and famotidine, is not recommended as a first line medication. The guidelines specify that ibuprofen and famotidine are available in multiple strengths over the counter and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. The clinical information submitted for review indicated that the injured worker had reported benefit after a trial of Duexis. However, details regarding the patient's reported benefit were not submitted to include quantifiable evidence of pain relief and specific functional improvement with the use of this medication. There was also a lack of documentation regarding the need for famotidine in addition to ibuprofen and a justification for this combination medication over over the counter ibuprofen and famotidine. In the absence of more specific documentation and a clear rationale for this combination medication, which is not a first line medication according to the guidelines, this request is not supported. In addition, the request as submitted did not include a frequency of use. For the reasons noted above, the request is not medically necessary.

