

Case Number:	CM15-0106609		
Date Assigned:	06/11/2015	Date of Injury:	12/14/2009
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 12/14/2009. The medical records submitted for this review did not include the details regarding the initial injury or a comprehensive list of prior treatments to date. Diagnoses include muscle spasm, neuralgia neuritis and radiculitis, pain in ankle/foot joint and reflex sympathetic dystrophy (RSD) of the lower limb. Currently, she complained of chronic left foot/ankle pain, status post plantar fasciitis of left foot and history of surgical treatment, details not documented. Pain was rated 7/10 VAS on average. Medications were documented as previously denied and currently taking over the counter Aleve, Motrin, or Tylenol. On 4/21/15, the physical examination documented presentation of classic RSD symptoms in the left lower extremity with cramping and left foot weakness. The plan of care included Nucynta ER 150mg tablets, one every twelve hours #60; Neurontin 300mg tablets, one tablet three times a day #90; and Zanaflex 4mg tablets, one-half tablet every night #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg Qty 90, 1 by mouth 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in December 2009 and continues to be treated for chronic left foot and ankle pain including a diagnosis of CRPS. There had been temporary pain relief after a lumbar sympathetic block. Pain was rated at 7/10. She was having difficulty sleeping. Physical examination findings included difficulty ambulating and left foot weakness. Medications being prescribed include Nucynta ER at a total MED (morphine equivalent dose) of 110 mg per day. Neurontin is being prescribed at a total dose of 900 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's Gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.

Zanaflex 4 mg Qty 30, 1/2 to 1 by mouth every night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: The claimant sustained a work injury in December 2009 and continues to be treated for chronic left foot and ankle pain including a diagnosis of CRPS. There had been temporary pain relief after a lumbar sympathetic block. Pain was rated at 7/10. She was having difficulty sleeping. Physical examination findings included difficulty ambulating and left foot weakness. Medications being prescribed include Nucynta ER at a total MED (morphine equivalent dose) of 110 mg per day. Neurontin is being prescribed at a total dose of 900 mg per day. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.

Nucynta ER (extended release) 150 mg Qty 60, 1 by mouth every 12 hrs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2009 and continues to be treated for chronic left foot and ankle pain including a diagnosis of CRPS. There had been temporary pain relief after a lumbar sympathetic block. Pain was rated at 7/10. She was having difficulty sleeping. Physical examination findings included difficulty ambulating and left foot weakness. Medications being prescribed include Nucynta ER at a total MED (morphine equivalent dose) of 110 mg per day. Neurontin is being prescribed at a total dose of 900 mg per day. Nucynta ER (hydrocodone/acetaminophen) is a sustained release opioid used for baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Nucynta ER was not medically necessary.