

Case Number:	CM15-0108372		
Date Assigned:	06/15/2015	Date of Injury:	06/19/2009
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 34 year old male who sustained an industrial injury on 6/19/09. The mechanism of injury was reported as a slip and fall. He reports neck and back pain is 7 out of 10, constant, achy, burning, numb and worse with activity. A primary treating physician progress report dated 4/29/15 notes he is positive for numbness, headaches, joint pain, depression and anxiety. He has completed 4 sessions of physical therapy and is taking Horizant 600mg, 1 tablet a day and Norco 2-3 tablets. The medications decrease pain from 10 out of 10 to 6 out of 10 allowing for work duties and increased activity tolerance with no side effects. The injured worker stated that without Norco and Horizant he will be unable to continue working. He has failed trials of Neurontin, Lyrica, and Gralise due to side effects. Horizant has provided significant improvement in the numbness and burning. Improvement in neck range of motion is noted as 70%, with a decreased painful range of motion of the lumbar spine and straight leg raise is negative bilaterally. Diagnoses include lumbar spondylosis with myelopathy, chronic pain syndrome, degenerative lumbar disc, neck sprain/strain, lumbar radiculopathy. A urine drug screen result on 3/24/15 is consistent with Norco use. A treating provider progress report for cognitive behavioral therapy, dated 3/10/15 notes the injured worker presented with anxious mood and constricted affect. Work status is that he is working and is permanent and stationary. Treatment to date has included physical therapy, home exercise program, cognitive behavioral therapy, Neurontin, Lyrica, Gralise, Norco, Horizant, Amitza. The treatment plan is to continue the physical therapy sessions remaining, Horizant 600 mg for a quantity of 30 tablets, and to decrease Norco 10/325 mg to 1-3 tablets a day, for a quantity of 75 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

75 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with anti-epileptics and NSAIDs without significant improvement in pain or function. Often times range of motion was noted to be decreased. There was no mention of Tylenol failure. The continued use of Norco is not medically necessary.

30 tablets of Horizant 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Horizant contains Gabapentin. According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. In addition, the claimant had also been on a similar class of medication prior to Gabapentin (Lyrica). Furthermore, the treatment duration of use was longer than recommended. The request for Horizant is not medically necessary.