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| Case Number: | CM15-0109857 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 04/03/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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

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 51 year old female, who sustained an industrial injury on 4/3/14. She reported neck and back pain. The injured worker was diagnosed as having lumbar post laminectomy syndrome and lumbar radiculopathy. Treatment to date has included anterior L4-5 interbody fusion on 8/24/14, physical therapy, cognitive behavioral therapy, and medication. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Neurontin 300mg #60 and Pamelor 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60: Overturned

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

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

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post lumbar fusion 08/24/14. The request is for Neurontin 300mg #60. RFA with the request not provided. Patient's diagnosis on 05/28/15 included postlaminectomy syndrome. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to lumbosacral junction. Range of motion was decreased, especially on extension 10 degrees. Treatment to date has included lumbar surgery, imaging studies, physical therapy, cognitive behavioral therapy, pain management and medications. Patient medications include Neurontin and Pamelor. The patient may return to working modified duty, per 05/28/15 report. Treatment reports were provided from 12/03/14 - 05/28/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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 has been included in patient's medications, per progress reports dated 03/24/15, 04/21/15, and 05/23/15. Per 04/21/15 report, treater states the patient has chronic neuropathic pain and has been taking medications with no side effects. Per 05/13/15 report "meds decrease pain from 6/10 to 3/10, improve radiating pain from back to legs, reduce numbness, improve sleep..." Given the patient's pain symptoms, diagnosis and documented medication efficacy, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Pamelor 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post lumbar fusion 08/24/14. The request is for PAMELOR 10MG #120. RFA with the request not provided. Patient's diagnosis on 05/28/15 included postlaminectomy syndrome. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to lumbosacral junction. Range of motion was decreased, especially on extension 10 degrees. Treatment to date has included lumbar surgery, imaging studies, physical therapy, cognitive behavioral therapy, pain management and medications. Patient medications include Neurontin and Pamelor. The patient may return to working modified duty, per 05/28/15 report. Treatment reports were provided from 12/03/14 - 05/28/15. MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Pamelor has been included in patient's medications, per progress reports dated 03/24/15, 04/21/15, and 05/23/15.

Per 04/21/15 report, the patient also presents with pain related insomnia which interferes with ADL's, depression and anxiety. Treater states the patient has been taking medications with no side effects. Per 05/13/15 report "meds decrease pain from 6/10 to 3/10, improve radiating pain from back to legs, reduce numbness, improve sleep..." Given the patient's pain symptoms, insomnia, and documented medication efficacy, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.