MAXIMUS Federal Services

Case Number:	CM15-0130991		
Date Assigned:	07/17/2015	Date of Injury:	03/04/2014
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York
Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 3/4/2014. The mechanism of injury was injury from lifting a tub of wet towels. The current diagnoses are chronic dorsal hand and wrist pain and chronic low back pain. According to the progress report dated 5/28/2015, the injured worker complains of low back and hand pain. On a subjective pain scale, he rates his back pain 7/10 with medications and 9/10 without. The physical examination reveals pain over the lumbosacral junction and paraspinal region. Straight leg raise did not produce any radicular symptoms at this time. The current medications are Norco, Trazadone, Relafen, Gabapentin, Xanax, and Wellbutrin. There is documentation of ongoing treatment with Neurontin and Trazadone since at least 12/17/2014. Treatment to date has included medication management, physical therapy, MRI studies, chiropractic, electrodiagnostic testing, and left S1 epidural injection. MRI of the lumbar spine from 10/17/2014 showed moderately severe narrowing at the canal at L5-S1 caused by epidural lipomatosis. Work status was described as no heavy lifting and no frequent bending or stooping. A request for Neurontin and Trazadone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Neurontin 300mg BID #90 (30 extra) DOS 05/28/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19, 49.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Additionally, guidelines suggest a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the records fail to provide evidence that the injured worker has had at least a 30% reduction in pain to support the continued use of Neurontin. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Neurontin is not medically necessary.

Retrospective request for Trazadone 50mg BID at bedtime #60 DOS 05/28/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants 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. In this case, tricyclic antidepressants are generally considered first line agents unless they are ineffective, poorly tolerated, or contraindicated. The submitted medical records failed to provide documentation of a failed first-line agent. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an

increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Trazadone is not medically necessary.