MAXIMUS Federal Services

Case Number:	CM15-0137769		
Date Assigned:	07/27/2015	Date of Injury:	07/19/2013
Decision Date:	09/29/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female who sustained an industrial injury on 07/19/2013. She reported the onset of severe pain radiating from her neck into her left arm, left shoulder blade, down the back of her arm into the triceps and into the forearm into the 4th and 5th fingers of the hand with persistent numbness. Treatment to date has included medications, physical therapy, chiropractic care and a cervical epidural injection. According to the most recent progress report submitted for review and dated 06/10/2015, the injured worker complained of neck and arm pain in the setting of cervical degenerative disc disease, radiculopathy and facet osteoarthritis. The provider noted that the injured worker was recently seen by a neurosurgeon who requested an MRI. Her last cervical MRI was over 2 years ago. He noted that symptoms had progressed to severe neck pain with increasing radiculopathy down the left arm and some facial numbness. Without medications pain was rated 7 on a scale of 1-10 and with medications pain was rated 5. She reported that the benefit of chronic pain medications, activity restriction and rest continued to keep pain at a manageable level to allow her to complete necessary activities of daily living. She had completed 12 sessions of physical therapy that she felt had made her worse. Medications were denied despite severe pain. Past medical history was positive for heartburn and arthritis. Current medications included Neurontin, Pristiq as needed for depression, Flexeril as needed, Celebrex and Ibuprofen. Medication side effects included depression, brain fog, sleepiness and inability to concentrate. Medication allergies included Penicillin. Activities of daily living including work, concentration, mood, sleeping pattern and overall functioning were moderately impacted by her pain. Diagnoses included cervical radiculopathy, osteoarthritis of spinal facet joint and myalgia and myositis unspecified. The provider noted that depression was

better with the addition of Pristiq but now was worse without the medication. The treatment plan included refill medications as needed: Neurontin, Pristiq, and Flexeril and a follow up for the cervical MRI and surgical consult. The provider noted that the medications attached to the encounter included Cyclobenzaprine, Neurontin and Nabumetone. The progress report showed the start date for Cyclobenzaprine and Neurontin as 03/19/2015, but other documentation submitted for review shows that Pristiq and Cyclobenzaprine (Flexeril) were started in November 2014. The use of Gabapentin dates back to January 2015. Currently under review is the request for 60 tablets of Neurontin 600 mg, 90 tablets of Flexeril 10 mg and 30 tablets of Pristiq 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Neurontin 600mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to CA MTUS "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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life.... Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)" From my review of the medical records provided the IW has objective evidence and subjective symptoms that are consistent with neuropathic pain. Based on the cited guidelines and reviewed records, continued use of gabapentin is medically necessary and appropriate.

90 tablets of Flexeril 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer,

2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic pain and spasm beyond NSAIDs. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being medically necessary at this time.

30 tablets of Pristiq 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRI, anti-depressants for chronic pain Page(s): 105.

Decision rationale: According to MTUS guidelines, "SNRIs are recommended as an option in first line treatment of neuropathic pain". According to the provided medical records there are no reported side effects or clinical contra-indication. This medication is appropriate, according to the guidelines, if tricyclic medications are ineffective. Therefore based on both the provided records which show objective evidence of neuropathic pain, and the cited guidelines, this medication is medically necessary and appropriate.