MAXIMUS Federal Services

Case Number:	CM15-0160020		
Date Assigned:	08/26/2015	Date of Injury:	01/01/2015
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on January 1, 2015, incurring neck, mid back and low back injuries in a motor vehicle accident. She was diagnosed with a cervical spine sprain, thoracic spine sprain and lumbar spine sprain with lower extremity radiculitis. Treatment included imaging, physical therapy, pain medications, neuropathic medications and activity restrictions. Currently, the injured worker complained of constant burning radicular neck pain and muscle spasms rated 7 out of 10 on a pain scale. The pain was aggravated by looking up and down and side to side as well as repetitive motions of the head and neck. She noted mid and low back burning pain aggravated by prolonged positioning, sitting, standing, walking and bending. She reported difficulty sleeping secondary to the chronic discomfort and pain. She complained of lower back pain radiating into the bilateral lower extremities with persistent numbness and tingling. The treatment plan that was requested for authorization included a prescription for Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg/ml 420ml 1 tsp tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.leginfo.ca.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16-19. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=24354.

Decision rationale: Fanatrex 25mg/ml 420ml 1 tsp tid is not medically necessary per the MTUS guidelines and an online review of this medication. Per documentation Fanatrex contains Gabapentin and other proprietary ingredients. The documentation submitted does not indicate why patient requires Gabapentin in combination with other proprietary ingredients such as present in Fanatrex. It is unclear why the patient requires a liquid form of Gabapentin. The request for Fanatrex is not medically necessary.