

Case Number:	CM15-0181114		
Date Assigned:	09/22/2015	Date of Injury:	11/30/2011
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 (IW) is a 57 year old male who sustained an industrial injury on 11-30-2011. Medical records indicate the worker is being treated for injury to the right shoulder, right elbow, right wrist, left elbow, neck and low back. Treatment to date has included trigger point injections, use of a back brace, Chiropractic care, MRI of the right wrists and bilateral elbows, physical therapy and medications. In the provider notes of 08-03-2015, the injured worker complains of pain in the neck and back. On exam, he has neck flexion 50 degrees and extension 30 degrees. There is tenderness along the facets and positive facet loading C4-5 and C5-6. Lumbar spine flexion is 45 degrees with ten degrees of extension and 10 degrees to the right with 15 degrees to the left. There is tenderness along the lumbosacral area with facet loading L4-S1. The wrist has tenderness along the joint and along the dorsum. There is tenderness along the shoulder girdle and tenderness along the lateral epicondyle bilaterally with weakness to grip. Treatment plan included medications and work-activity restrictions. The injured worker was restricted to intermittent sitting, standing, walking, and no more than 50 minutes at a time with no lifting over 10 pounds, avoiding bending, and forceful gripping, grasping, and torqueing. A request for authorization was submitted for Neurontin 600mg #90 and Norflex 100mg #60. A utilization review decision 08-13-2015 non-certified both the request for the Neurontin and for the Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin (Neurontin) 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. There is no documentation of a 30-50% pain decrease or objective evidence of functional improvement with the long-term use of this medication. The request for Neurontin 600mg #90 is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. In this case, the injured worker has chronic pain with no acute exacerbation documented. This medication is not recommended for long-term use. There is a lack of objective evidence of functional improvement with the prior use of this medication. The request for Norflex 100mg #60 is not medically necessary.

