MAXIMUS Federal Services

Case Number:	CM15-0182639		
Date Assigned:	09/23/2015	Date of Injury:	05/27/2000
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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
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 53 year old female who sustained an industrial injury on 05-27-2000. The injured worker was diagnosed with lumbar radiculopathy. The injured worker is status post L5-S1 decompression in 2008 and L4-5 fusion and posterior decompression in May 3013, revision in July 2013 and April 2014. On April 30, 2015, the injured worker underwent exploration, removal of segmental hardware, revision and decompression L4-5 with bilateral lateral fusions. According to the treating physician's progress report on August 5, 2015, the injured worker continues to experience severe low back pain radiculopathy to the right lower extremity. The examination demonstrated lumbar tenderness and spasm with redness around the incision line. Lumbosacral range of motion was not tested. There were normal deep tendon reflexes, sensation and motor strength of the bilateral upper and lower extremities. The injured worker had an antalgic gait and unable to heel walk on the right but was able to toe walk bilaterally. Trigger point injections to the lower back musculature and Toradol intramuscularly were administered on August 5, 2015. Prior treatments included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on March 13, 2015, multiple surgical interventions, lumbar epidural steroid injection, right L4-5 selective nerve root block in January 19, 2015, trigger point injection, physical therapy and medications. Current medications were listed as Percocet and Prevacid. Treatment plan consists of continuing with physical therapy, home exercise program, remain on temporary total disability (TTD) and the current request for Percocet 10mg-325mg #90 and the request for Horizant 600mg #30. The Utilization Review

modified the request for Percocet 10mg-325mg #90 to Percocet 10mg-325mg #54 on 08-17-2015 and non-certified the request for Horizant 600mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Percocet since May 2015 without objective documentation of functional improvement or significant decrease in pain. In this case, the injured worker's pain has actually increase since she started taking Percocet. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325 mg #90 is determined to not be medically necessary.

Horizant 600 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation http://www.rxlist.com/horizant-drug.htm.

Decision rationale: Each Horizant extended-release tablet contains 300 mg or 600 mg of gabapentin enacarbil. Per manufacturer information, Horizant is primarily used for the treatment of restless leg syndrome. The MTUS Guidelines recommend the use of antiepilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic 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 antiepilepsy 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. In this case, there is no evidence of a diagnosis of restless leg syndrome in the injured worker. Additionally, per the available documentation, the injured worker is unable to tolerate Gabapentin. The request for Horizant 600 mg #30 is determined to not be medically necessary.