

Case Number:	CM15-0186325		
Date Assigned:	09/28/2015	Date of Injury:	12/02/1992
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female, who sustained an industrial injury on 12-2-1992. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, degenerative arthritis, GERD, and history of hypothyroidism. The Treating Physician's report dated 7-20-2015, noted the injured worker with a chronic pain syndrome, noted to have marked improvement with Omeprazole therapy. The injured worker's current medications were listed as Neurontin, prescribed since at least 4-6-2015, Prozac, Wellbutrin XL, Levothroid, Sanctura, Trazodone, Topamax, Flector patch, prescribed since at least 4-6-2015, Soma, Progesterone, Testosterone cream, and Vivelle patch. Prior treatments have included acupuncture, physical therapy, multiple lumbar spine surgeries, and spinal cord stimulator (SCS) trial. The injured worker was noted to remain temporarily totally disabled due to her chronic pain syndrome. The Acupuncture progress note dated 7-8-2015 noted the injured worker with upper and lower back pain with wrist, knee, and left big toe pain and headaches. Physical examination was noted to show the cervical spine with bilateral paraspinous tenderness and palpable twitch positive trigger points in the muscles of the head and neck. The thoracic spine was noted to have palpable twitch positive trigger points in the thoracic paraspinous muscles. The lumbar spine was noted to have palpable twitch positive trigger points in the lumbar paraspinous muscles with tenderness noted in the lumbar paraspinal muscles. A request for authorization was noted to have requested Topamax 100mg #60 with 1 refill, Zanaflex 2mg #60 with 1 refill, Neurontin 300mg #180 with 1 refill, and Flector 1.3% patch #60 with 1 refill. The Utilization Review (UR) dated 9-1-2015, certified the requests for Topamax 100mg #60 with 1 refill and Zanaflex 2mg #60 with 1 refill, non-certified the request for Flector 1.3% patch #60 with 1 refill, and modified the request for Neurontin 300mg #180 with 1 refill with certification for Neurontin 300mg #45 with 0 refill and non-certification for the remaining #135 and 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 with 1 refill: 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): Topical Analgesics. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1992 and continues to be treated for chronic pain. She underwent lumbar spine surgery in 1997 with subsequent surgeries in 1998, 1999, and 2005. There is reference to a spinal cord stimulator trial. The claimant has been treated by the requesting provider since 2012. When seen, she was in no acute distress. Physical examination findings included a normal body mass index. Medications were refilled. Gabapentin was being prescribed at a total dose of 1800 mg per day. The claimant is noted to have a history of gastroesophageal reflux disease. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has gastroesophageal reflux disease. However, if a topical NSAID was being considered, a trial of generic topical Diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment and is not considered medically necessary.

Neurontin 300mg #180 with 1 refill: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in December 1992 and continues to be treated for chronic pain. She underwent lumbar spine surgery in 1997 with subsequent surgeries in 1998, 1999, and 2005. There is reference to a spinal cord stimulator trial. The claimant has been treated by the requesting provider since 2012. When seen, she was in no acute distress. Physical examination findings included a normal body mass index. Medications were refilled. Gabapentin was being prescribed at a total dose of 1800 mg per day. The claimant is noted to have a history of gastroesophageal reflux disease. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with what is recommended and the claimant has a history of neuropathic pain. Ongoing prescribing was medically necessary.