MAXIMUS Federal Services

Case Number:	CM15-0186548		
Date Assigned:	09/28/2015	Date of Injury:	08/18/2014
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
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: Connecticut, California, Virginia
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:

This is a year old with a date of injury on 8-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain. Progress report dated 9-8-15 reports continued complaints of neck pain. He is taking Norco 10-325 mg every 4-6 hours and is sufficient for pain control, awaiting authorization for subutex to transition to suboxone. Physical exam stated as unchanged. Physical exam on 7-28-15 reveals very guarded cervical posture and limited range of motion. Treatments include: medication, physical therapy, multi-level fusion anterior and posterior C3-C7. Request for authorization dated 9-8-15 was made for gabapentin 600 mg quantity 90, naproxen 500 mg quantity 60, subutex trial and zanaflex 4 mg quantity 60. Utilization review dated 9-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #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): Anti-epilepsy drugs (AEDs).

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin, generic) are recommended for neuropathic pain, but if a 30% pain reduction is not produced from a trial consisting of three to eight weeks for titration and 1-2 weeks at maximum tolerated dose, changing pharmacologic treatment plans is recommended. The patient continues to have pain (8/10) on exam without evidence of clear improvement in the provided documents, which makes continued use difficult to justify based on the guidelines. Therefore, the request for Neurontin is not medically necessary based on the provided records.

Naproxen 500mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS with respect to NSAIDs, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the lack of evidence to support efficacy in improving pain or functional improvement, it appears the risk of treatment with Naproxen likely outweighs the benefit and therefore the treatment is not medically necessary.

Subutex trial: 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): Buprenorphine.

Decision rationale: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. In this case, it appears that the patient warrants weaning from opioids, and Buprenorphine may be indicated. Therefore, the request is medically necessary with further clarification for dosing/frequency.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Muscle relaxants (for pain).

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the request is not medically necessary and appropriate.