

Case Number:	CM15-0194496		
Date Assigned:	10/08/2015	Date of Injury:	03/26/2006
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation

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 31 year old female who sustained an industrial injury on 3-26-06. Diagnoses are noted as degenerative lumbar disc, lumbar sprain-strain, and chronic pain syndrome. In a progress report dated 9-4-15, the physician notes complaint of low back pain with radiation to the bilateral lower extremities which is constant, and worse with sitting, walking, and activity and improves with medication use. Pain is rated at 9 out of 10. (Pain on 6-9-15 is noted at 6 out of 10 and that the worker "is frustrated her medications have been denied"). Exam of the lumbar spine notes decreased and painful range of motion, 60% with tenderness to palpation diffusely. It is reported that the she is working full time. A medication agreement is noted as on signed. Previous treatment noted includes medication, and chiropractic treatment. It is noted that Horizant (a trial of this medication was requested 6-9-15) decreases pain, improves numbness and radiating pain and allows for increase in walking tolerance with no side effects. The requested treatment of Pamelor, Tylenol #3, and Ibuprofen was certified and Horizant 600mg #60 was modified to Horizant 600mg #45 on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600mg QTY: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Horizant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Horizant.

Decision rationale: The patient presents on 09/14/15 with lower back pain rated 9/10. The patient's date of injury is 03/26/06. Patient has no documented surgical history directed at this complaint. The request is for Horizant 600MG QTY: 60. The RFA is dated 09/14/15. Physical examination dated 09/14/15 reveals diffuse tenderness to palpation of the lumbar spine with 60 percent decrease in lumbar ROM noted. The patient is currently prescribed Horizant, Ibuprofen, Ultracet, and Pamelor. Patient is currently classified as permanent and stationary. MTUS Guidelines, Gabapentin section on pg 18, 19 has the following: "Gabapentin (Neurontin, Gabarone, generic available) 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." Official Disability Guidelines, Pain chapter, under Horizant, has the following: Not recommended as a first-line agent. Horizant (gabapentin enacarbil extended release) is FDA approved for treatment of restless legs syndrome. (FDA, 2011) There is no evidence to support use of Horizant for neuropathic pain conditions or fibromyalgia without a trial of generic Gabapentin regular release. In regard to the continuation of Horizant, the request is appropriate. Per the documentation provided, this patient has been prescribed Horizant since at least 06/09/15. She was previously prescribed Gralise, though it appears that an IMR decision to uphold UR denial of Gralise is the reason for Horizant utilization. Addressing efficacy, progress note dated 09/14/15 has the following: "Horizant decreases pain, improves numbness and radiating pain, allows for increase in walking tolerance, no side effects." Utilization review non-certified this request on grounds that "There is no evidence to support use of Horizant for neuropathic pain conditions or fibromyalgia without a trial of generic Gabapentin regular release." However, the provider is not requesting Horizant as a first-line medication, rather utilizing it as the only remaining option to provide this patient with Gabapentin for her neuropathic pain complaint. While the current review cannot reverse the original IMR decision regarding Gralise, given the documentation of Horizant efficacy and the lack of remaining options for first-line Gabapentin utilization, continuation is substantiated. Therefore, the request is medically necessary.