

Case Number:	CM15-0197622		
Date Assigned:	10/13/2015	Date of Injury:	05/15/2006
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on May 15, 2006, incurring upper and lower back and spine injuries. She was diagnosed with cervical degenerative disc disease and lumbar degenerative disc disease with disc herniations and lumbar radiculitis. She underwent a surgical cervical fusion in 2007, and a lumbar fusion in 2011. Treatment included trigger point injections, pain medications, anti-inflammatory drugs, neuropathic medications, muscle relaxants, topical analgesic patches, proton pump inhibitor and activity restrictions. She noted physical therapy did not give her any relief of pain. Currently, the injured worker complained of persistent neck and back pain radiating into the left buttocks and left lower extremity. She noted frequent muscle spasms over the left buttock. Her pain was constant and severe and her symptoms were worsened with activity and partially better with rest and medications. She complained of chronic neck pain and arm pain secondary to failed neck surgery in 2007. The treatment plan that was requested for authorization on October 7, 2015, included prescriptions for Gabapentin, and Zorvolex (Diclofenac). On September 30, 2015, a request for prescriptions of Gabapentin and Zorvolex was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was record gabapentin use for years leading up to this request. Upon review of the documentation provided, there was no found report of how effective the gabapentin was measurably at reducing symptoms and improving function, which would have helped to justify its continuation. Without significant evidence to suggest ongoing and measurable benefit, the gabapentin is not medically necessary at this time until this is provided for review.

Zorvolex (diclofenac): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of NSAID use chronically leading up to this request for diclofenac, another NSAID. Based on the complaints and diagnoses given, and the lack of supportive information for this medication, it is difficult to justify the side effect risks associated with ongoing use as was recommended by the provider for this worker. Therefore, this request for Zorvolex is not medically necessary.