

Case Number:	CM15-0197667		
Date Assigned:	10/13/2015	Date of Injury:	06/15/2000
Decision Date:	11/19/2015	UR Denial Date:	10/06/2015
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: North Carolina

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 58 year old male, who sustained an industrial injury on 6-15-2000. The injured worker was being treated for intractable pain residual due to multiple surgical procedures to the lumbosacral spine and moderate to severe bilateral L5 radiculopathy, moderate bilateral S1 radiculopathy, and mild to moderate bilateral L4 radiculopathy. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, spinal cord stimulator, and medications. On 8-29- 2015, the injured worker complains of constant and intractable upper and lower back pain, as well as pain, numbness, and weakness of his bilateral lower extremities. He reported worsening of his depression and sleep problems. He rated pain 10 out of 10 without medications (not rated on 8-14-2015) and reported 50-60% improvement in overall pain and function with current medications. Exam of the cervical-thoracic-lumbar spine noted decreased range of motion, multiple myofascial trigger points throughout the thoracic and lumbar spine, as well as the gluteal muscles, decreased sensation in the calves bilaterally, muscle strength in the lower extremities -5 proximally and +4 distally, and ankle jerks were absent bilaterally. Electrodiagnostic studies of the lower extremities (report 9-11-2015) noted evidence of mild chronic bilateral L5 radiculopathy and severe axonal sensorimotor polyneuropathy. Medication use included Duragesic patch (100mcg plus 50mcg) every 3 days (increased from 50 to 100mcg on 8-14-2015, noting 50mcg patch prescribed 7-28-2015), Wellbutrin SR, Valium, Dilaudid, Neurontin 600mg every 8 hours (since 8-14-2015), and Topamax. The treating physician documented negative intolerable side effects from medication, no evidence of diversion, and periodic urine drug screening. His disability status was "currently receiving

SSDI". The treatment plan included Fentanyl 100mcg patch #15 with 3 refills and Neurontin 600mg #90 with 3 refills, both modified by Utilization Review on 10-06-2015 for a one-month supply for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg/ml patch, #15 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Neurontin 600mg, #90 with 3 refills: 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 California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better

analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of lumbar radiculopathy. Therefore the request is not medically necessary.