

Case Number:	CM15-0200706		
Date Assigned:	10/20/2015	Date of Injury:	01/27/2011
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 1-27-11. Medical records indicate that the injured worker is undergoing treatment for coccidioidomycosis, chronic neck pain, left upper extremity pain, back pain, headache, fatigue and depression. The injured workers current work status was not identified. On (9-14-15 and 8-14-15) the injured worker complained of chronic neck, back and left upper extremity pain and headache, chronic fatigue and side effects from treatment for a systemic fungal infection. The pain was rated 7 out of 10 with medication and 10 out of 10 without medications on the visual analogue scale. Objective findings included normal muscle tone in all extremities. The injured worker was noted to have multiple scars in the clavicular notch region and neck bilaterally and his left forearm. He was also noted to have hyperalgesia in these areas. Treatment and evaluation to date has included medications, urine drug screen, chest x-rays, CT scan of the neck and four left upper extremity surgeries. Current medications include Gabapentin (since at least May of 2015) and Nucynta (since at least May of 2015). The current treatment requests include retrospective 2 Gabapentin 600 mg # 120 with no refills (unspecified date of service) and retrospective Nucynta 50 mg # 90 (unspecified date of service).The Utilization Review documentation dated 10-2-15 modified the request to 1 Gabapentin 600 mg # 120 with no refills (unspecified date of service), (original request 2 Gabapentin 600 mg # 120 with no refills) and Nucynta 50 mg # 90 (to be weaned and discontinued over approximately 30 days at 25% per week).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 600mg #120 (unspecified DOS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. In this case, there is a lack of evidence of significant pain relief of objective evidence of functional improvement, therefore, the request for retrospective Gabapentin 600mg #120 (unspecified DOS) is determined to not be medically necessary.

Retrospective Nucynta 50mg #90 (unspecified DOS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Tapentadol (Nucynta) Section.

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. In this case, there is no indication that the injured worker has intolerable adverse effects with first-line opioids, and there is no objective evidence of functional improvement with prior usage, therefore, the request for retrospective Nucynta 50mg #90 (unspecified DOS) is determined to not be medically necessary.