

Case Number:	CM15-0201745		
Date Assigned:	10/16/2015	Date of Injury:	11/24/1997
Decision Date:	12/07/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 24, 1997. On a Utilization Review report dated September 26, 2015, the claims administrator failed to approve requests for Neurontin and Silenor. A September 4, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated September 13, 2015, Neurontin, Zanaflex, Silenor, and Percocet were all endorsed. On an associated progress note dated September 4, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant had apparently left the State of California, the treating provider reported. 9/10 pain without medications versus 4/10 pain with medications was reported. The attending provider acknowledged that the applicant had developed severe back pain over the preceding few weeks. Claudication-like leg pains were reported. The applicant was using a cane to move about, it was reported. The applicant's pain complaints were interfering with sleep and walking, the treating provider reported. The applicant's current medications included Percocet, Neurontin, and Silenor, the treating provider reported. The treating provider stated that the applicant had had undergone an earlier failed lumbar spine surgery. Percocet, Neurontin, and Zanaflex were all seemingly renewed. Silenor was endorsed on a trial basis. Silenor was apparently endorsed for sleep purposes. The attending provider gave the applicant a 3-month supply of Silenor. On an earlier note dated March 24, 2015, the attending provider stated that the applicant would be unable to walk more than 1 block without his medications. The applicant's

medications included Percocet, Neurontin, and tizanidine. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working on "future medical benefits," the treating provider suggested (but did not clearly state).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg, #90, 2 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin (Neurontin) should be asked at "each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, it did not appear that ongoing usage of Neurontin (gabapentin) had proven particularly beneficial. The applicant's work status was not explicitly reported on office visit of March 24, 2015 or September 4, 2015, suggesting that the applicant was not working on "future medical benefits," the treating provider suggested on those dates. The attending provider's commentary to the effect that the applicant was unable to walk more than 1 to 1-1/2 blocks owing to ongoing claudication-like pain complaints likewise suggested that ongoing usage of Neurontin had not proven particularly profitable. The attending provider suggested on September 4, 2015 that the applicant's pain complaints had heightened in severity and in intensity that the applicant was having difficulty walking, that the applicant was using a cane to move about. Ongoing usage of Neurontin failed to curtail the applicant's dependence on Percocet, the treating provider acknowledged on September 4, 2015. The applicant was using Percocet at a rate of 4 times daily on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Silenor 3mg, #30, 2 refills: Overtaken

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/silenor-doxepin-342940>, doxepin (Rx) Silenor.

Decision rationale: Conversely, the request for Silenor, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his

choice of recommendations so as to ensure proper use and so as to manage expectations. Here, the attending provider reported on September 4, 2015 that the request for Silenor represented a first-time request for the same. The attending provider stated that Silenor had been introduced for pain-induced insomnia on September 4, 2015. Medscape does acknowledge that doxepin (Silenor) can be employed for sleep maintenance purposes. The treating provider stated on September 4, 2015 that the applicant had moved to [REDACTED]. The treating provider stated that he was unable to follow the applicant any more frequently than once every few months so as to monitor medication efficacy. Therefore, the first-time request for Silenor 3 mg, #30, with 2 refills, was medically necessary.