

<b>Case Number:</b>	CM15-0206607		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

This is a 29 year old male who sustained a work-related injury on 5-1-14. Medical record documentation on 9-28-15 revealed the injured worker was being treated for L5-S1 radiculopathy, neuropathic pain, lumbar post-laminectomy syndrome and lumbar disc herniation. He reported bilateral low back pain with radiation of pain to the buttocks, bilateral posterior thighs and calves. He reported that nothing relieved his pain. His medication regimen included Percocet and Horizant (since at least 6-8-15). Prior medications attempted included Norco and gabapentin. Objective findings included tenderness to palpation of the lumbar paraspinal muscles. The lumbar spine range of motion was restricted by pain in all directions with lumbar flexion worse than lumbar extension. He had positive lumbar discogenic provocative maneuvers bilaterally. His muscle strength was 5-5 in all limbs and his sensation was intact to light touch, pinprick, proprioception and vibration in all limbs. A request for Horizant 600 mg #60 was received on 10-13-15. On 10-16-15, the Utilization Review physician determined Horizant 600 mg #60 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Horizant 600mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13t Edition (web) 2015 Pain Chapter.

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

**Decision rationale:** The MTUS Guidelines state that anti-epilepsy 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 of him having used gabapentin for his radiculopathy symptoms, which was appropriate. However, it was unclear from the documentation as to why it was listed in previously used medications and Horizant being found in the records to be now prescribed and taken. There was also no clear report of how effective Horizant was at improving function and reducing symptoms and how it compared to gabapentin (short acting). Without more clear evidence of appropriateness and effectiveness over short-acting gabapentin, this request for Horizant is not medically necessary at this time.