

Case Number:	CM15-0211381		
Date Assigned:	10/30/2015	Date of Injury:	07/21/1997
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/27/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 73 year old male worker who sustained an industrial injury on July 21, 2015. The worker is being treated for: status post cervical fusion with intractable pain. Subjective: February 05, 2015 he reports taking four Norco daily, not six, and complaint of steady neck pain. April 30, 2015 he reported increased pain due to decreased Norco and decreased activity. He states "steady neck pain nicely decreased with medication." June 25, 2015 he reported complaint of increased pain with decreased activity and spending more time in bed. The medications reduce pain well without side effect. Objective: February 05, 2015, April 30, 2015, June 25, 2015 noted cervical and lumbar tenderness. Medication: August 11, 2012: Effexor ER, Depakote, Wellbutrin, Hydrocodone, Soma, Neurontin, Nexium and Mobic. February 05, 2015, April 30, 2015, June 25, 2015: Norco, Gabapentin, and Soma. Treatment: activity modification, surgery, medications, psychiatric care. On August 25, 2015 a retrospective request was made for Gabapentin 300mg #90 with six refills, Divalproex 500mg ER #30 with two refills, and Bupropion 150mg #60 with one refill that were noncertified by Utilization Review on September 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 90 with six refills: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A good response to the use of AEDs 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 of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam note from 6/25/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore, medical necessity has not been established, and the request is not medically necessary.

Divalproex 500mg extended release quantity 30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxabbvie.com/pdf/dep3.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head / Botulinum toxin for chronic migraine.

Decision rationale: CA MTUS guidelines state: "The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX." ODG head / Botulinum toxin for chronic migraine states: "Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." In this case, the exam note from 6/25/15 does not show this patient has a diagnosis of migraine headaches and thus does not meet CA MTUS criteria for the use of divalproex. The request is not medically necessary.

Bupropion 150mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines state that Bupropion (Wellbutrin) page 16 is a second generation non-tricyclic anti-depressant shown to be effective in relieving neuropathic pain but not for non neuropathic low back pain. As the exam note of 6/25/15 demonstrates no evidence of neuropathic pain, the request is not medically necessary.