

<b>Case Number:</b>	CM15-0213430		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 45 year old male, who sustained an industrial injury, December 14, 2007. The injured worker was undergoing treatment for chronic pain syndrome: worse, lumbar strain and or sprain: worse and lumbar radiculopathy. According to the progress note of October 1, 2015 the injured worker's chief complaint was abdominal pain and low back pain. The low back pain was rated at 7 out of 10 constant and worse when walking. The objective findings were decreased painful range of motion of the lumbar spine. There was diffuse tenderness to palpation. According to cognitive behavior therapy progress note of October 15, 2015, the injured workers reported things were better at home and that had helped with decreasing the stress. The injured recognized a strong relationship between stress and pain. The objective findings were the injured worker was well-groomed, affect was constricted. The injured worker's mood was dysphoric. The motor activity was calm. Thought process was coherent with intact judgment. The injured worker was oriented to time, location, situation and date. The injured worker was cooperative. The injured worker ambulated with a non-antalgic gait. The injured worker previously received the following treatments cognitive behavioral therapy 24 sessions out of 35 as of October 15, 2015, Lyrica denied by the UR in September 2015 according to the progress note of October 1, 2015, Protonix and Voltaren Gel 1%. The RFA (request for authorization) dated October 1, 2015; the following treatments were requested a prescription for a trail of Horizant 600mg #30, Voltaren Gel 1% #100 grams and multidisciplinary evaluation. The UR (utilization review board) denied certification on October 22, 2015; for a multidisciplinary evaluation (functional restoration program), a prescription for Horizant (Gabapentin) 600mg #30 and Voltaren Gel 1% 100grams #3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Detoxification, Functional restoration programs (FRPs).

**Decision rationale:** MTUS states regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. (3) The patient has a significant loss of ability to function independently resulting from the chronic pain. (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided). (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. (6) Negative predictors of success above have been addressed. The current request is for a Multidisciplinary evaluation (functional restoration program evaluation). While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The treating physician does not adequately document a significant loss of ability to function due to chronic pain. Subjective pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities are lost specifically due to pain. The patient is currently receiving cognitive behavioral therapy. As such, the request for Multidisciplinary evaluation is not medically necessary at this time.

**Horizant 600mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Horizant (Gabapentin Enacarbil ER). (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is

recommended." Additionally, ODG states that Gabapentin "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." Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam or subjectively. The treating physician notes successful treatment using Gabapentin in the past. As such, a trial of Horizant 600mg #30 is medically necessary.

**Voltaren Gel 1% 100g #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (Diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for the lumbar spine. As such, the request for Voltaren Gel 1% 100g #3 is not medically necessary.