

Case Number:	CM15-0214843		
Date Assigned:	11/04/2015	Date of Injury:	12/02/2009
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/02/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 12-2-2009. Diagnoses include low back pain, chronic pain syndrome, chronic lumbar radiculopathy and neuropathic pain in the left leg, and postlaminectomy syndrome. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-28-15, she complained of ongoing pain in the low back, left shoulder, and bilateral knees. Current medication included Vicodin 10-300mg and Lyrica 50mg. Pain without medication was rated 10 out of 10 VAS and with medication was rated 7 out of 10 VAS. Vicodin was reported to decrease level of pain and increase functional ability and records indicated Vicodin prescribed since at least 5-11-15. The physical examination documented lumbar tenderness, decreased painful range of motion, and decreased sensation over the left lower extremity. The record documented side effects were reported from Lyrica, and the medication was discontinued. The provider gave an order for Horizant 300mg in its place. The plan of care included a prescription to refill the Vicodin as previously prescribed and a new prescription for a trail of Horizant. The appeal requested authorization for Horizant 300, one to two tablets before bed #30 and Vicodin 10-300mg #150. The Utilization Review dated 10-12-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Horizant 300, 1-2 every night at bedtime quantity 60 with food: Upheld

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

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

Decision rationale: Trial of Horizant 300, 1-2 every night at bedtime quantity 60 with food is not medically necessary. Horizant is name brand for extended release Gabapentin. Although, the guidelines "recommend for neuropathic pain, pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS 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." There is no indication to trial generic Gabapentin over an extended released Gabapentin.

Continue Vicodin 10/300mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Continue Vicodin 10/300 mg quantity 150 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.