

Case Number:	CM15-0052258		
Date Assigned:	03/25/2015	Date of Injury:	02/27/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47-year-old female injured worker suffered an industrial injury on 02/27/2013. The diagnoses included chronic right elbow pain, lateral epicondylitis. The injured worker had been treated with medications and surgery. On 2/12/2015, the treating provider reported constant moderate to severe pain on the lateral epicondyle that radiated along the forearm to the wrist/hand. Tenderness was noted along the right forearm. The treatment plan included Horizant. A report dated March 15, 2015 indicates that the patient is using gabapentin 300 mg tablets. A progress report dated January 15, 2015 recommends a trial of Horizant, stating that the patient has a successful trial she will be changed to gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Horizant), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it appears that the patient has previously been on gabapentin. There is no documentation identifying specific objective functional improvement or analgesic efficacy as a result of the medication. It is unclear why a repeat trial of gabapentin is being recommended at the current time. Additionally, the requesting physician has stated that horizon was being used only as a trial via the samples which were provided for the patient. It is unclear why he would like to continue the patient on this medication as opposed to switching to generic gabapentin as was previously discussed. In the absence of clarity regarding those issues, the currently requested gabapentin (Horizant) is not medically necessary.