

Case Number:	CM15-0055455		
Date Assigned:	03/30/2015	Date of Injury:	07/21/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 29-year-old female, who sustained an industrial injury on 7/21/13. She reported left leg pain. The injured worker was diagnosed as having left calf chevron laceration, neuralgia with focal nerve injury in posterior calf, residual of laceration, bilateral carpal tunnel syndrome, pain induced depression, and neuralgia induced insomnia, and left Achilles tendonitis. Treatment to date has included leg laceration repair, skin grafting on 9/24/13, physical therapy, wrist splints, and medication. Currently, the injured worker complains of bilateral hand pain due to the use of crutches for an extended period of time. The treating physician requested authorization for Horizant Gabapentin 300mg #60, psychological trial testing, and 12 sessions of cognitive behavioral training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant Gabapentin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.pdrhealth.com\drugs\horizant](http://www.pdrhealth.com/drugs/horizant).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: HORIZANT® (gabapentin enacarbil).

Decision rationale: Per FDA.gov: HORIZANT (gabapentin enacarbil) Extended-Release Tablets indications HORIZANT (gabapentin enacarbil) is a prescription medicine used to: "Treat adults with moderate to severe primary Restless Legs Syndrome (RLS). HORIZANT is not for people who need to sleep during the daytime and stay awake at night. Manage pain from damaged nerves (post-herpetic neuralgia) that follows healing of shingles (a painful rash that comes after a herpes zoster infection) in adults." The injured worker does not have any above-mentioned indications for the use of Horizant gabapentin. There is no rationale for why Horizant gabapentin is being requested and thus the request for Horizant Gabapentin 300mg #60 is excessive and not medically necessary.

Psychological trial testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

Decision rationale: ODG states, "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations." Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Psychological trial testing is not medically necessary as the injured worker has already been authorized for a psychological testing which has either not been completed or the report is not available in the chart.

Twelve (12) sessions of cognitive behavioral training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction,

using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Twelve (12) sessions of cognitive behavioral training exceeds the guideline recommendations for an initial trial and thus is not medically necessary.