MAXIMUS Federal Services

Case Number:	CM15-0056694		
Date Assigned:	04/01/2015	Date of Injury:	01/10/2009
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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

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 30 year old female, who sustained an industrial injury on 1/10/2009. The medical records submitted for this review did not include details regarding the initial injury or prior treatments to date. Diagnoses include lumbosacral sprain/strain injury, lumbosacral disc injury, and facet arthropathy, status post lumbosacral fusion, spondylosis, and lumbosacral radiculopathy. Currently, she complained of back pain. On 1/27/15, the physical examination documented decreased range of motion in lumbar spine, positive left side straight leg raising test, and decreased left side strength. The plan of care included a prescription for Horizant; 600mg one tablet once or twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600mg (2/day) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Horizant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-epilepsy drugs (AEDs) Page(s): 60, 18-19.

Decision rationale: This patient has a date of injury of 01/10/09 and presents with chronic low back pain with decreased range of motion and positive straight leg raise. The current request is for Horizant 600MG 2/Day #60. The Request for Authorization is not provided in the medical file. The MTUS guidelines page 18 and 19 states that "Gabapentin --Neurontin, Gabarone, generic available-- 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."On 01/27/15, the patient reported that Gralise was not effective and the treating physician dispensed a sample of Horizant. Subsequent progress report noted "the patient has been on Gralise and now Horizant both of which have not given her as much relief of the lower limb nerve pain." On 02/24/15, the patient reported side effects with Horizant and was instructed to discontinue this medication and start Lyrica. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request is not medically necessary.