

Case Number:	CM15-0057380		
Date Assigned:	04/02/2015	Date of Injury:	03/21/2011
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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 injured worker is a 61 year old female, who sustained an industrial injury on 03/21/2011. She has reported injury to the head, right eye, and neck. The diagnoses have included chronic pain; cervicgia; cervical neuritis; and cervical spondylosis. Treatment to date has included medications, diagnostics, chiropractic, and physical therapy. Medications have included Tylenol and Ibuprofen. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right head and neck; and occasional radiation of pain to the right arm with numbness. Objective findings included tenderness of the right side of the face; tenderness throughout the posterior cervical spine and paraspinals with spasm; and decreased cervical spine range of motion. The treatment plan has included Gabapentin 300 mg, #60; Meloxicam 15 mg, #30 with 3 refills; and durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #60: Overturned

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

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 (Neurontin), 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, the patient recently saw the requesting provider for an initial visit and there is no identification of prior use of gabapentin. There is evidence of neuropathic pain and a trial of the medication is appropriate. As such, the currently requested gabapentin (Neurontin) is medically necessary.

Meloxicam 15mg, #30 with 3 refills: Upheld

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

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): 67-72 of 127.

Decision rationale: Regarding the request for meloxicam, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient has utilized NSAIDs in the past, but there is no indication that they have provided any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. Additionally, while this specific NSAID has apparently not been tried in the past and a trial of the medication may be reasonable, there is no clear indication for a prescription with 3 refills initially and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested meloxicam is not medically necessary.

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial: Overturned

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

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): 114-117 of 127.

Decision rationale: Regarding the request for TENS unit trial, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief, function, and medication usage. Within the documentation available for review, the patient has symptoms/findings suggestive of neuropathic pain and the patient has not had adequate response to conservative management to date. In light of the above, the currently requested TENS unit trial is medically necessary.