MAXIMUS Federal Services

Case Number:	CM15-0234551		
Date Assigned:	12/10/2015	Date of Injury:	08/28/2003
Decision Date:	01/14/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/01/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 67 year old male who sustained an industrial injury on 8-28-2003. A review of medical records indicates the injured worker is being treated for postoperative pain, cervical post laminectomy syndrome, and displacement of lumbar intervertebral disc without myelopathy. Medical records dated 10-26-2015 noted low back pain and right lower extremity radiculopathy. He denied new symptoms since the last visit. Pain scale was unavailable. Physical examination noted normal posture and was in no acute distress. Treatment has included Gabapentin and Voltaren since at least 10-26-2015. Utilization Review form dated 11-6-2015 noncertified Gabapentin 800mg #90 and Voltaren 1% topical gel #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90 with 1 refill: 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: According to the cited MTUS, antiepilepsy drugs (AEDs), such as Gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50 percent reduction in pain, while a moderate response, would reduce pain by about 30 percent. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. Furthermore, in the specific case of post-operative pain, Gabapentin has limited evidence of effectiveness, and there is accompanied increase of sedation and dizziness. In the case of this injured worker, he has had history of chronic low back pain and right lower extremity radicular symptoms, and recent L5-S1 decompression surgery on 9-24-2015. Post-operative he has continued to have pain and developed new numbness and tingling in the right L5 distribution. In addition, he had been previously weaned of the medication in prior Utilization Reviews. Documentation of pain and neuropathic symptoms not due to acute post-operative causes are critical for renewed use of gabapentin in the case of this injured worker. Therefore, Gabapentin 800mg, #90 with 1 refill, is not medically necessary and appropriate.

Voltaren 1% topical gel #3 100gm tubes with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren Gel (diclofenac).

Decision rationale: The MTUS lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the medical records available, there is a lack of evidence for appropriate use in the surface regions of this patient's complaints, and furthermore, Voltaren is not indicated for neuropathic pain. Thus, the request for Voltaren 1% topical gel, #3 100gm tubes with 1 refill, cannot be considered medically necessary.