

<b>Case Number:</b>	CM15-0240504		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50 year old female who sustained an industrial injury on 2-19-13. She is temporarily totally disabled. Medical records indicate that the injured worker has been treated for cervical strain; status post right shoulder surgery with severe weakness and arthrofibrosis; lumbar strain. There were several hand written notes with very limited legibility. The agreed medical re-evaluation dated 8-17-15 indicated continued constant migraines and dizziness; constant neck pain radiating to bilateral shoulders, upper extremities to hands and wrists; constant lumbar spine pain radiating to bilateral hips and lower extremities; constant right shoulder pain with locking and limited mobility. Sleep difficulties due to pain. Pain levels were not enumerated. Physical exam of the cervical spine revealed decreased range of motion, normal sensory exam; shoulder exam was normal bilaterally to inspection and palpation, decreased range of motion, negative impingement and apprehension signs. The remainder of the exam was normal. There was no documentation decipherable that indicated if sleep hygiene was discussed. The duration of gabapentin and Lunesta use was not able to be determined. Treatments to date include transforaminal nerve root injections at right L4-5, L5-S1; physical therapy with minimal benefit; arthroscopic right shoulder surgery with no benefit (3-2015); psychological treatment with benefit; medications Cymbalta, Topamax (since at least 8-20-14); Tylenol #2. The request for authorization dated 11-4-15 was for gabapentin 600mg #90; Lunesta 2 mg #30; Topamax 60mg #60. On 11-11-15 Utilization Review non-certified the requests for gabapentin 600mg #90; Lunesta 2 mg #30; Topamax 60mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** 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:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the submitted exam notes do not demonstrate evidence neuropathic pain to indicate the use of an anti-epileptic medication. There is no indication if this is a new prescription or continued treatment. There is no documentation of functional benefit from previous use or decreased pain scores. Therefore medical necessity has not been established, and request is not medically necessary.

**Lunesta 2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress: Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case there is lack of legible documentation demonstrating the diagnosis of insomnia to support Lunesta. In addition the worker was injured in 2013 and the cited guidelines do not support the use of the requested medication after the first two month post injury. Therefore the request is not medically necessary.

**Topamax 60mg #60:** 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:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the submitted documentation does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. In fact, on 11/4/15 the exam note documents the workers pain level was 10/10 despite being treated with the requested medication among, among multiple other since at least 8/20/14. This does not indicate a beneficial response from the medication and therefore justification for continued use is not supported. Therefore the request is not medically necessary.