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| Case Number: | CM13-0041262 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 09/19/2012 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/14/2013 |

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 53 year old female injured worker with date of injury 9/19/12 with related back pain. Per progress report dated 10/9/13, the injured worker reported that her back pain radiated into the bilateral legs with numbness, and tingling sensation. She reported pain in the bilateral trapezius muscles. She had acute spasms in the bilateral trapezius muscles. Per physical exam, Straight Leg Raise test was positive on the left, and decreased bilateral ankle reflexes were noted. Imaging studies were not included in the documentation submitted for review. She has been treated with physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDS) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: Per MTUS CPMTG, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Per MTUS CPMTG page 17, 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. Per the documentation submitted for review, this medication was in use per the 8/2013 progress report, but functional improvement was not noted on the subsequent progress report. The request is not medically necessary.

Savella (dose and quantity unknown): 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 ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011227/>

Decision rationale: Savella is an SNRI that is used to treat fibromyalgia. Per MTUS CPMTG with regard to antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation submitted for review notes neuropathic pain. I respectfully disagree with the UR physician's denial based on the lack of functional improvement. The MTUS does not require evidence of functional benefit for the use of this class of medication. The request is medically necessary.