

Case Number:	CM14-0117436		
Date Assigned:	09/16/2014	Date of Injury:	12/17/1996
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/26/2014

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 Occupational 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 request for independent medical review was signed on July 25, 2014. The treatment requested is percutaneous electrical nerve stimulator, four day treatment and other treatments. The medicine was Neurontin 600 mg twice a day and Topamax 300 mg each evening. Per the records provided, the claimant was described as a 67-year-old lady injured back in the year 1996. On January 11, 2012 she had multiple somatic complaints and no emotional complaints were documented. She had generalized pain and discomfort associated with fibromyalgia as well as chronic regional pain syndrome. She complained of neck pain, left foot pain and low back pain and left knee pain. The pain affects her sleep. On July 8, 2014, the doctor noted it was difficult to control the pain, and that the pain was resistant to medicine. On exam she had an antalgic gait, bilateral lower extremity hyperalgesia and allodynia. The measures proposed were to control her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Electrical Nerve Stimulation (4 day treatment): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PENS

Decision rationale: Regarding Percutaneous Electrical Nerve Stimulation, the ODG notes it is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. I did not note in this case that is used as part of an evidence-based functional restoration, that non-surgical treatments including TENS and exercise have been exhausted. The request for Percutaneous Electrical Nerve Stimulation (4 day treatment) is not medically necessary.

Neurontin 1600 mg bid: 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 Page(s): 16,19.

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Neurontin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Neurontin is essential. 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. This claimant however has neither of those conditions. The request for Neurontin 1600 mg bid is not medically necessary under the MTUS evidence-based criteria.

Topamax 300 mg po qhs: 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 Page(s): 16,19.

Decision rationale: This is another neuroleptic drug. As shared earlier, the MTUS notes that anti-epilepsy drugs (AEDs) like Topamax are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Topamax is essential. They have been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and have been considered as a first-line treatment for neuropathic pain. This claimant however has neither of

those conditions. The request for Topamax 300 mg po qhs is not medically necessary under the MTUS evidence-based criteria.

Savella 50 mg BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants

Decision rationale: Savella is an oral antidepressant. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. The request for Savella 50 mg BID is not medically necessary.

Sentraflox: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants

Decision rationale: This is an antidepressant with other substances. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. The request for Sentraflox is not medically necessary.