

Case Number:	CM14-0165081		
Date Assigned:	10/10/2014	Date of Injury:	01/10/2013
Decision Date:	11/14/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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:

Injured worker is a female with date of injury 1/10/2013. Per primary treating physician's progress report dated 8/25/2014, the injured worker complains of neck and upper back pain. She had a lumbar ESI last week. She noticed a reduction of her lower back pain and a diminished right leg pain. She is having periodic dizziness with no headaches. She denies any recent trauma or injury. CURES report 8/21/2014 is consistent for medications and provider according to her history. Her blood levels for diazepam were within therapeutic range. On examination her pain level is 3/10. She sits on the examining room table in no apparent distress. She was able to rise from a seated to a standing position without difficulty. Her gait was within normal limits. Neck has tenderness to palpation on movement. She has tenderness to over the buttock and lower back. She had right sided SI and ileolumbar tenderness on flexion at the waist to knee and on extension. Diagnoses include 1) sprain/strain thoracic region 2) sprain/strain hip/thigh OT 3) sprain/strain of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100 MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs section Page(s): 16-19.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The injured worker is diagnosed with sprain/strain injuries to thoracic region, hip/thigh, and lumbar spine. Review of medical reports provided do not indicate that the injured worker has neuropathic pain. AME dated 6/28/2014 recommends treatment with ongoing home exercises, periodic NSAIDs for short periods. Narcotic medications, psychotropic medications, and muscle relaxants are recommended to be reserved for acute flare-ups. The rationale for the use of gabapentin is not described. Any benefit in pain reduction and functional improvement with the use of gabapentin is not reported. Side effects from the use of gabapentin are not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Gabapentin 100 mg #60 with 1 refill is determined to not be medically necessary.

GABAPENTIN 300 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus

tolerability of adverse effects. Gabapentin 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. The injured worker is diagnosed with sprain/strain injuries to thoracic region, hip/thigh, and lumbar spine. Review of medical reports provided do not indicate that the injured worker has neuropathic pain. AME dated 6/28/2014 recommends treatment with ongoing home exercises, periodic NSAIDs for short periods. Narcotic medications, psychotropic medications, and muscle relaxants are recommended to be reserved for acute flare-ups. The rationale for the use of gabapentin is not described. Any benefit in pain reduction and functional improvement with the use of gabapentin is not reported. Side effects from the use of gabapentin are not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Gabapentin 300 mg #30 is determined to not be medically necessary.

NORCO 10/325 MG #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is diagnosed with sprain/strain injuries to thoracic region, hip/thigh, and lumbar spine. She is reporting 3/10 pain. AME dated 6/28/2014 recommends treatment with ongoing home exercises, periodic NSAIDs for short periods. Narcotic medications, psychotropic medications, and muscle relaxants are recommended to be reserved for acute flare-ups. The rationale for the use of Norco is not described. Any benefit in pain reduction and functional improvement with the use of Norco is not reported. Side effects from the use of Norco are not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for NORCO 10/325 MG #20 is determined to not be medically necessary.

VALIUM 5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of Benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The request for Valium 5 mg #30 is determined to not be medically necessary.