

Case Number:	CM15-0003352		
Date Assigned:	01/14/2015	Date of Injury:	11/18/2004
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61 year old female, who sustained an industrial injury on 11/18/2004 when a rack of clothing fell on her. The diagnoses have included chronic pain syndrome, arthropathy, myalgia and myositis, disorders of bursae and tendons in the shoulder region, lumbar spinal stenosis, and degeneration of intervertebral cervical disc, cervical spondylosis without myelopathy, low back pain and neck pain. Treatment to date has included cervical and lumbar medial branch blocks and facet injections physical therapy stretches and medications. Currently, she complains of persistent pain in the lumbar trigger points L>R. She reports that medications enable her to walk her dogs twice daily which she does for exercise, and to complete her physical therapy stretches. Objective findings included some localized lumbar tenderness and mild spasm. There is pain with motion and limited range of motion. On 12/08/2014 Utilization Review non-certified a request for Floricet 50-300-40mg #20 and modified a request for Gabapentin 600mg #60 with one refill, noting that the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/08/2014, the injured worker submitted an application for IMR for review of Gabapentin 600mg #60 with one refill and Floricet 50-300-40mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 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
Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 600mg #60, with 1 refill is not medically necessary.

Fioricet 50-300-40 MG #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet is a Barbiturate-containing analgesic agents (BCAs). According to MTUS guidelines, "Barbiturate-containing analgesic agents (BCAs) not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)" There is no documentation of chronic headaches and no justification for long term use of Fioricet. Therefore, the prescription for Fioricet is not medically necessary.