MAXIMUS Federal Services

Case Number:	CM15-0113302		
Date Assigned:	06/19/2015	Date of Injury:	09/25/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck and back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of September 25, 2014. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for Neurontin (gabapentin) and Norflex (orphenadrine). Pamelor and Relafen were approved outright while gabapentin (Neurontin) was apparently partially approved. The applicant's attorney subsequently appealed. In a June 15, 2015 appeal letter, the applicant's treating provider appealed previously denied Neurontin and Norflex in a somewhat templated fashion. Multifocal complaints of low back, neck, and shoulder pain with derivative complaints of headaches were reported. The attending provider stated that the applicant's medications were beneficial in one section of the note while then acknowledging that the applicant had developed issues with depression, anxiety, and suicidal thoughts. The applicant's work status was not clearly outlined on this appeal letter. A psychological counseling was also sought. On April 20, 2015, the applicant reported ongoing complaints of neck and back pain with ancillary complaints of headaches. The applicant's medications included Neurontin, Norflex, Relafen, Norvasc, hydrochlorothiazide, and meclizine, it was reported. The applicant was "precluded" from his usual and customary work. The attending provider stated that he was issuing the applicant relatively proscriptive limitations which would, in all likelihood, result in the applicant's removal from the workplace. Neurontin, Norflex, Relafen, and Pamelor were prescribed while the applicant was seemingly kept off of work. On May 18, 2015, the applicant again reported ongoing complaints of headaches, neck

pain, back pain, and shoulder pain. Ancillary complaints of dizziness and alleged cognitive disturbance were noted. The attending provider stated that gabapentin was helping to decrease some of his pain. Issues with dizziness, depression, suicidal ideation, and sleep disturbance were present, somewhat attenuated following introduction of nortriptyline. The attending provider suggested that the patient employ nortriptyline at a heightened dosage. The applicant was again "precluded" from his usual and customary work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available); Medications for chronic pain Page(s): 19; 60.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, it did not appear that ongoing usage of gabapentin (Neurontin) was in fact generating requisite improvements in pain and/or function needed to continue the same. Work restrictions were renewed, unchanged, on office visits of April 20, 2015 and May 18, 2015. The applicant was not working with said limitations in place, the treating provider reported. It did not appear that ongoing usage of gabapentin, thus, was reducing the applicant's dependence on other medications such as Relafen and Norflex, nor did it appear that ongoing usage of gabapentin was appreciably attenuating the applicant's pain complaints. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. The attending provider, it was further noted, suggested that the applicant employ a heightened dosage of nortriptyline (Pamelor) on May 18, 2015. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, a trial should be given for each individual medication. Here, it was, thus, more appropriate to employ Pamelor monotherapy at the heightened dose proposed by the attending provider on May 18, 2015 as opposed to the Pamelor-gabapentin combo therapy at issue here. Therefore, the request was not medically necessary.

Orphenadrine 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution for short-term use purposes, to combat acute exacerbations of chronic low back pain. Here, however, the 90-tablet supply of orphenadrine at issue implies chronic, long-term, and/or thrice daily usage, i.e., usage incompatible with the short-term role for which muscle relaxants are endorsed, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.