

Case Number:	CM15-0116894		
Date Assigned:	06/25/2015	Date of Injury:	05/01/2014
Decision Date:	07/30/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 28-year-old male, with a reported date of injury of 05/01/2014. The mechanism of injury was repetitively lifting bags weighing 50 pounds each. The injured worker's symptoms/injuries at the time of the injury included low back pain. The diagnoses include L5-S1 radiculopathy, neuropathic pain, lumbar post laminectomy syndrome, and lumbar disc herniation. Treatments and evaluation to date have included electrodiagnostic studies on 04/27/2015 which showed evidence of chronic neuropathic processes with mild ongoing denervation of the bilateral tibialis anterior, biceps femoris long head, and peroneus longus, and evidence of right and left L5 radiculopathies; an MRI of the lumbar spine on 02/05/2015 which showed disc degeneration at L4-5 and a small amount of disc versus scar tissue on the right side in the lateral recess at L4-5; physical therapy; lumbar discectomy on 07/09/2014; and x-rays of the lumbar spine on 07/09/2014. The initial consultant report dated 05/11/2015 indicates that the injured worker had bilateral low back pain with radiation of pain to the buttocks, and bilateral post thighs and calves. He rated the pain 10 out 10. It was noted that the injured worker was not taking any current medications; however, the prior medications included Norco, Percocet, and Gabapentin. An examination of the lumbar spine showed tenderness upon palpation of the lumbar paraspinal muscles; full and painless range of motion in all limbs without instability; restricted lumbar range of motion with pain in all directions; negative bilateral straight leg raise test; normal muscle strength in all limbs; intact sensation to light touch, pinprick in all limbs; and negative Waddell's signs. It was noted that the injured worker was given and signed a pain contract, and was provided a prescription for Nortriptyline, Percocet, and Horizant. It was noted

that he understood the pain agreement, and all of his questions were answered. The treating physician recommended an in-office random 12-panel urine drug screen to obtain a baseline prior to providing the injured worker the new prescription. The random urine drug screen was performed on the same day. He was counseled on the appropriate use of the prescribed medications. The injured worker's work status was noted at temporary total disability. The treating physician requested Percocet 10/325mg #90 three times a day as needed for pain and Horizant 600mg #60 with two refills, to be taken two times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-79.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that the recommended frequency of visits while in the trial phase (first 6 months) include every 2 weeks for the first 2 to 4 months; and then at approximate 1 to 2-month intervals. This request for Percocet is a new prescription. The injured worker used Percocet in the past, but was not currently on the medication. The treatment plan was to follow-up in four weeks to reassess the injured worker's clinical progress. The guidelines also indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In 11/2014, the injured worker was provided with Ultram for pain following postoperative physical therapy. There is no documentation that the injured worker had failed a trial of non-opioid analgesics. He had taken Gabapentin in the past; however, there is no evidence that the medication had failed. The guidelines state that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There is no documentation that the injured worker had set goals. Therefore, the request for Percocet is not medically necessary.

Horizant 600mg #60 with 2 refills: 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 Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-17 and 49.

Decision rationale: Horizant is Gabapentin Enacarbil and is used to treat adults with restless leg syndrome. It is also used to treat nerve pain following shingles (post herpetic neuralgia). The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy

drugs are recommended for neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. Following lumbar spine surgery on 07/02/2014, the injured worker was diagnosed with neurogenic claudication and lumbar radiculopathy; however, there was no documentation that the injured worker had been diagnosed with restless leg syndrome or post herpetic neuralgia. The injured worker had taken Gabapentin in the past, but was not currently taking it. The reason for the discontinuation of the medication was not indicated nor the reason for switching to Horizant instead of resuming gabapentin. Therefore, the request for Horizant is not medically necessary.