

Case Number:	CM15-0121664		
Date Assigned:	07/02/2015	Date of Injury:	03/01/2001
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/23/2015

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 60-year-old female, who sustained an industrial injury on 03/01/2001. According to a progress report dated 06/09/2015, diagnoses included lumbar degenerative disc disease with a history of cervical radiculopathy treated with decompression and fusion and lumbar disc herniation causing radiculopathy. She managed the chronic pain issues with exercise, activity management and medications. She was continuing to work 20 hours a week. She went into work five days a week. On longer days, she would have pain that could radiate into the right lower extremity, and if the day was excessively long, or if she had a night with poor-quality sleep, she would have symptoms radiating into the left leg as well. She continued at the gym one or two days a week doing cardiovascular conditioning and core strengthening. She swam one or two days a week and would try to walk or walk-jog or hike at least once a week. Her medications remained stable and included Gabapentin 600mg three times a day with an extra 300mg at night, Desipramine 30mg at night, Senokot Plus three at night, Lidoderm patches as needed for extra pain (used five patches in the last four months) and Ibuprofen on occasion. She has not used these since her last appointment. Functionally, she continued to work on a part-time basis. Her sitting and standing tolerance remained limited to 15 to 20-minute intervals, which she is able to do comfortably. Bowel and bladder control were intact. She was sleeping okay. On examination, she transitioned easily from sit to stand. She had an intact gait pattern and had adequate strength to walk on her toes and heels. She acknowledged patchy sensory decrease in the right lower extremity in comparison to the left. Sensation was intact C4 through T1 bilaterally. Strength was intact, grade 5/5, C4 through T1 and L3 through S1 bilaterally. Deep

tendon reflexes were grade 2 at the triceps, biceps, knees and ankles with negative Hoffmann sign bilaterally. Exercise, activity management and medications were allowing her to work on a regular basis. Currently under review is the request for Gabapentin 300mg and Senokot plus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED), Gabapentin (Neurontin) Page(s): 16-17, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs 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 of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent 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 antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. Guidelines state that 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 post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there was no documentation of a 30-50% reduction of pain with use of Gabapentin. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Medical necessity of the requested treatment was not established. The requested medical treatment is not medically necessary.

Senokot plus: 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 Chapter.

Decision rationale: Official Disability Guidelines recommend the use of prophylactic treatment of constipation if opioids are determined to be appropriate for the treatment of pain. In this case, the injured worker was not utilizing opioids and there were no reported symptoms of constipation. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The medical necessity of the requested treatment was not established. The requested treatment is not medically necessary.