

Case Number:	CM15-0125242		
Date Assigned:	07/09/2015	Date of Injury:	03/18/2012
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 injured worker is a 44 year old female, who sustained an industrial injury on 3/18/2012. Diagnoses include lumbar disc displacement without myelopathy, sciatica, unspecified major depression one episode and pain psychogenic NEC. Treatment to date has included physical therapy, cognitive behavioral therapy and medications. Magnetic resonance imaging (MRI) dated 4/23/2014 was read by the evaluating provider as showing no herniation, spinal canal stenosis or neuro foraminal narrowing and unchanged mild levoscoliosis from prior MRI. EMG (electromyography) of the bilateral lower extremities dated 10/26/2012 was read by the evaluating provider as suggestive of right sided S1 radiculopathy and no electrodiagnostic evidence of right or left sacral plexopathy. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported continuation of low back pain with radiation into both lower extremities with numbness. She has been walking for exercise. Physical examination revealed spasm and guarding in the lumbar spine. The plan of care included medications and authorization was requested for Gabapentin and Venlafaxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Gabapentin tablets 600mg #60, take 2 tablets daily for management of low back symptoms as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin treatment of neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. 2 Gabapentin tablets 600mg #60 is not medically necessary.

Venlafaxine HCL ER 37.5mg #60 1 table twice daily, for management of low back symptoms as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (SNRI) Serotonin and norepinephrine reuptake inhibitor.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Venlafaxine (Effexor).

Decision rationale: Recommended as an option in first-line treatment of neuropathic pain Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. There was no documentation of objective functional improvement for either chronic pain or mood/depression/anxiety with the patient's continued use of Venlafaxine. Venlafaxine HCL ER 37.5mg #60 is not medically necessary.