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| Case Number: | CM15-0164388 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 04/30/1993 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial injury on April 30, 1993. Medical records indicate that the injured worker is undergoing treatment for spinal post-operative headache, lumbar spine radiculopathy, lower leg-knee degenerative joint disease arthritis, lumbar spondylosis and failed back syndrome. The injured worker was not working. On (7-28-15) the progress report notes that the injured workers back pain was unchanged. The injured worker reported axial back pain and bilateral knee pain, worse on the left. The left knee was noted to be more painful than the back. Examination of the lumbar spine revealed tenderness to palpation over the intervertebral disc discs. There were no palpable trigger points in the muscles of the lumbar spine. Gait was normal. Range of motion was decreased and painful. Examination of the knees revealed tenderness on the left medial inferior aspect. Range of motion was decreased with discomfort on the left. A pain level was not noted. Subsequent progress notes dated 6-4-15 and 4-2-15 indicate the injured workers pain level was consistent at 5 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, implanted intrathecal fusion pump, Synvisc injections to the knees, aquatic therapy and lumbar spine surgery. Current medications include a Dilaudid pump, Neurontin (since at least April of 2015), Marinal (since at least June of 2015), Percocet and Voltaren gel. A progress note dated 7-28-15 notes that the injured worker was taking Marinal for sleep which worked well. There was no mention of a sleep diary or sleep hygiene education. The request for authorization dated 7-30-15 included requests for Neurontin 300 mg # 270, Neurontin 300 mg # 270 with 1 refill and Marinal 2.5 mg # 60 with 1 refill. The Utilization Review documentation dated non-certified the request for Neurontin 300 mg # 270, Neurontin 300 mg # 270 with 1 refill and Marinal 2.5 mg # 60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Neurontin 300mg #270 is not medically necessary. CA MTUS 17-19 Recommended 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The claimant was not diagnosed with Neuropathic pain; therefore, the requested medication is not medically necessary.

Neurontin 300mg #270 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Neurontin 300mg #270 with 1 refill is not medically necessary. Ca MTUS 17-19 Recommended 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 (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, per MTUS one recommendation for an adequate trial with

gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The claimant was not diagnosed with Neuropathic pain; therefore, the requested medication is not medically necessary.

Marinal 2.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Cannabinoids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cannabinoids.

Decision rationale: Marinal 2.5mg #60 with 1 refill is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Page 27, Cannabinoids, note that there is insufficient controlled studies establishing the medical efficacy of this treatment. The requesting provider has not documented evidence-based guideline support for this treatment. The criteria have not been met; therefore, the requested medication is not medically necessary.