

Case Number:	CM15-0074805		
Date Assigned:	04/24/2015	Date of Injury:	01/02/2014
Decision Date:	05/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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 54 year old male who sustained a work related injury January 2, 2014. While lifting granite countertops, he developed back pain. Past history included diabetes type II. According to a primary treating physician's progress report, dated March 3, 2015, the injured worker presented for re-evaluation of his low back and extremity pain. The pain remains the same; aching in the mid low back radiating to the posterior right leg with numbness, tingling, and weakness. The pain is rated 9/10 without medication and 6/10 with medication. A lumbar MRI dated 2/18/2014, revealed L3-4 4.4 mm broad based disc bulge, facet hypertrophy, moderate right sided neural foraminal narrowing and mild left sided neural foraminal narrowing. At L3-4 bilateral facet joint hypertrophy, ligamentum flavum hypertrophy, and a 2 mm broad based disc bulge causing mild bilateral foraminal narrowing and mild canal narrowing. He is moderately tender in the paraspinal muscles and his gait is significantly antalgic with forward flexed position from the waist. Impression is documented as lumbar discogenic pain syndrome; lumbar radiculitis; myofascial pain; lumbar facetogenic pain. Treatment plan included a prescription for Percocet. At issue, is the request for Horizant 600mg every night at hour of sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600mg QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED) section Page(s): 16-21.

Decision rationale: According to manufacturer's information, Horizant is gabapentin enacarbil. The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation reveals previous failure on the drug Gabapentin with severe side effects notes. The request for Horizant 600mg QHS is determined to be not medically necessary.