

Case Number:	CM15-0096046		
Date Assigned:	07/14/2015	Date of Injury:	09/03/2013
Decision Date:	08/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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: Physical Medicine & Rehabilitation, 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 26-year-old male, who sustained an industrial injury on September 3, 2013. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), myofascial pain and numbness and tingling. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercise program (HEP), heating pad and medication. A progress note dated March 26, 2015 provides the injured worker complains of back pain radiating to the left leg with numbness. He reports Trazadone and Gabapentin works. He rates his pain 8/10. Physical exam notes lumbar tenderness to palpation and spasm with decreased range of motion (ROM). Sensation of the left lower extremity is decreased and straight leg raise is positive. The plan includes home exercise program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS), trazadone, gabapentin and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, where there is some improved numbness noted, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Trazodone 50 mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for trazodone, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no specific statement indicating how the patient has responded to treatment. Furthermore, there is no indication that medication is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested trazodone is not medically necessary.