

Case Number:	CM14-0137545		
Date Assigned:	09/05/2014	Date of Injury:	07/08/1993
Decision Date:	11/30/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female, who sustained an industrial injury on 07-08-1993. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc degeneration. Subjective complaints (07-15-2014) included low back pain with radiation to the lower extremities. Objective findings (07-15-2014) included decreased range of motion of the spine. Treatment has included Gabapentin (since at least 01-07-2014), Baclofen, Soma, Percocet, Endocet, application of ice, transcutaneous electrical nerve stimulator (TENS) unit and lumbar epidural steroid injection. The physician noted that Soma was discontinued as she was only using this occasionally and was switched from Galise to Neurontin. Although the physician noted that pain medications were effective at relieving pain, there were no pain ratings provided before and after the use of medications and the duration of pain relief was not documented. The most recent documentation submitted prior to the 07-15-2014 progress note was a qualified medical examiner report dated 02-12-2014 and there were no other treating physician's progress notes. The physician noted that the worker's chronic neuropathic pain had failed conservative measures. A utilization review dated 08-14-2014, non-certified a request for Galise 600 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Galise 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010.

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 7/15/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is not medically necessary. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, 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: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.