cid management

Review #1043322

Monday, June 24, 2013

Edwin Haronian, M.D.
1902 Royalty Drive Ste 120
Pomona CA 91767

Determination: CERTIFY

RE: Patient: Dan Doran
Claim: 05814232
State Fund tracking number: E000008773335
Date of report containing request for authorization: 5/31/2013
Date request received by State Compensation Insurance Fund: Monday, June 17, 2013
Date request received by CID: Thursday, June 20, 2013
Decision date: Friday, June 21, 2013

Dear Edwin Haronian, M.D.,

We have been requested by State Compensation Insurance Fund, to perform utilization review to determine if the requested health care services are medically necessary and appropriate. This letter is to notify you that the following health care services are certified as medically necessary:

Specific Treatment Plan Requested
1. Prospective request for 1 prescription of Neurontin 600mg
2. Prospective request for 1 prescription of Elavil 100mg

UR Determination
1. The prospective request for 1 prescription of Neurontin 600mg between 5/31/2013 and 8/19/2013 is certified.
2. The prospective request for 1 prescription of Elavil 100mg between 5/31/2013 and 8/19/2013 is certified.

Clinical Rationale
The patient is a 47 year old male with a date of injury of 7/11/2012. Under consideration are prospective requests for 1 prescription of Neurontin 600mg, #90 and 1 prescription of Elavil 100mg between 5/31/2013 and 8/19/2013.

Review of the submitted records indicates the patient is being treated for chronic unremitting pain in his right hand and wrist with numbness and tingling. The pain was reported a 6/10. Per the 6/4/2013 evaluation by Dr. Haronian, the patient's relevant objective findings included that he was visibly uncomfortable during the exam, decreased grip strength, no allodynia and there was a change in temperature noted when compared to his upper extremity. The treatment as of this examination has consisted of medications which have included Neurontin and Elavil and have helped to manage the symptoms with no reported side effects.

Regarding the request for Neurontin 600mg #90, the current treatment guidelines state that Neurontin is considered as a first-line treatment for neuropathic pain. For neuralgia, the starting regimen of 300 mg once daily on Day 1, then increase to 300 mg twice daily on Day 2; then increase to 300 mg three times

daily on Day 3. Dosage may be increased as needed up to a total daily dosage of 1800 mg in three divided doses. Doses above 1800 mg/day have not demonstrated an additional benefit in clinical studies.

Proceeding with continued use of Neurontin is indicated at this time. The dosage prescribed falls within the recommended guidelines. The patient is taking the medication as prescribed and has reported no side effects. Therefore, the continued use of Neurontin is reasonable and congruent with current guideline recommendations. Based on this discussion, the request for 1 prescription of Neurontin 600 mg #90 is certified.

Regarding the request for 1 prescription of Elavil 100mg, #30, the current treatment guidelines state that Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first line agent used to treat chronic pain unless they are ineffective, poorly tolerated, or contraindicated. Tricyclics are generally considered effective, and are considered a first line treatment for neuropathic pain. Tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety or depression. Amitriptyline starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day.

Proceeding with continued use of Elavil is indicated at this time. The dosage prescribed falls within the recommended guidelines. The patient reports no side effect and is taking the medication as prescribed. Therefore, the continued use of Elavil is reasonable and congruent with current guideline recommendations. Based on this discussion, the request for 1 prescription of Elavil 100mg, #30 is certified.

Criteria/Guidelines Applied
Gabapentin (Neurontin®):
Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Gabapentin listing for more information and references.

Gabapentin (Neurontin®, Gabarone™, generic available) 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. . . .

There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. . . .

Spinal cord injury: Recommended as a trial for chronic neuropathic pain that is associated with this condition.

CRPS: Recommended as a trial.

Fibromyalgia: Recommended as a trial.

Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study.

Postherpetic neuralgia – Starting regimen of 300 mg once daily on Day 1, then increase to 300 mg twice daily on Day 2; then increase to 300 mg three times daily on Day 3. Dosage may be increased as needed up to a total daily dosage of 1800 mg in three divided doses. Doses above 1800 mg/day have not demonstrated an additional benefit in clinical studies. (Neurontin package insert)

Diabetic neuropathy (off-label indication) – Gabapentin dosages range from 900 mg to 3600 mg in three

divided doses (Backonja, 2002) (Eisenberg, 2007). Gabapentin is 100% renally excreted.

Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. . . . if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%.

Weaning and/or changing to another drug in this class:Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. (Neurontin package insert) When to switch to pregabalin: If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications. There have been no head-to-head comparison trials of the two drugs.
California Chronic Pain Medical Treatment Guidelines (May 2009)

Anti-Depressants-Chronic Pain:
Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Tricyclics are generally considered effective, and are considered a first line treatment for neuropathic pain.
...
Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day.
California Chronic Pain Medical Treatment Guidelines (May 2009)

Neuropathic pain: Tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety or depression.
California Chronic Pain Medical Treatment Guidelines (May 2009)

Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.
California Chronic Pain Medical Treatment Guidelines (May 2009)

Non-neuropathic pain: Recommended as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In guidelines for painful rheumatic conditions recommended by Perrot, it was suggested that antidepressants may be prescribed as analgesics in non-depressed patients, with the first line choice being tricyclics initiated at a low dose, increasing to a maximally tolerated dose. (Perrot, 2006)
California Chronic Pain Medical Treatment Guidelines (May 2009)

Radiculopathy: Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy.
California Chronic Pain Medical Treatment Guidelines (May 2009)

Please feel free to contact us should you have any additional questions regarding this claim or if medical necessity substantiates further treatment.

Respectfully,

Athanasia Angelopoulos

cc: Dan Doran, Patient, by Mail
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San Dimas, CA 91773

Express Scripts, Provider of Goods and Services, by Fax
877-886-0996

William Green, Esq., Attorney, by Fax
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Utilization Review strictly analyzes the medical necessity of treatment requests.
CID Management does not affirm the acceptance of this workers compensation claim.