

<b>Case Number:</b>	CM13-0062564		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/04/2007
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of December 4, 2007. Thus far, the applicant has been treated with analgesic medications; attorney representation; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of December 5, 2013, the claims administrator partially certified Neurontin for weaning purposes, partially certified Norco for weaning purposes, denied Desyrel, and denied a lumbar support. A clinical progress note of October 15, 2013 is notable for comments that the applicant is using a spinal cord stimulator. He reported 8/10 low back pain radiating to left leg. He was walking stiffly and in a very guarded fashion. Motor and sensory functions are diminished about the bilateral lower extremities. The applicant is status post lumbar spine surgery and right wrist surgery. Neurontin, Norco, and Desyrel are endorsed. Desyrel is reportedly endorsed for sleep purposes. He will follow up on an as needed basis. Operating diagnoses include depression, anxiety, and insomnia. In an applicant questionnaire of October 9, 2013, the applicant states that he is unchanged. The applicant is receiving acupuncture. He reports 5/10 pain, multifocal. He states that his medications improved his sleep and reportedly improved his activity. An earlier note of September 17, 2013 is notable for comments that the applicant's usage of Norco reduces his pain scores from 6/10 to 3/10. He is using three Norco a day, two to three Neurontin a day, and one Desyrel at night. The applicant states that Neurontin reduces his right lower extremity symptoms while Desyrel improves his sleep. He is status post prior failed fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 300MG #90 WITH THREE REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that it is incumbent on the primary treating provider to document changes in pain and/function with each visit in those individuals who are using Gabapentin or Neurontin. In this case, the attending providers have continuously documented that the applicant is deriving appropriate analgesia with improved performance of activities of daily living, including movement, function, etc. The applicant's radicular complaints have apparently diminished as a result of introduction of Neurontin or Gabapentin. The applicant does have longstanding radicular complaints for which Gabapentin is a first-line agent. Therefore, the request for Gabapentin 300mg #90 with three refills is medically necessary and appropriate.

**NORCO 5/325MG #60 WITH THREE REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, the applicant meets two of the three aforementioned criteria. The applicant is described as reporting appropriate analgesia with appropriate drops in pain scores as a result of ongoing opioid therapy. The applicant's ability to perform activities of daily living is reportedly ameliorated as a result of ongoing Norco usage. The applicant reports that usage of Norco drops his pain scores from 6/10 to 3/10 and seemingly posits that usage of Norco has ameliorated overall levels of non-work functioning. Continuing the same, on balance, is indicated.

**TRAZODONE 50MG #60 WITH THREE REFILLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

**Decision rationale:** As noted in the MTUS ACOEM Guidelines, antidepressants may take weeks to exert their maximal effect. In this case, the applicant does have ongoing issues with sleep disturbance, anxiety, depression, and insomnia. Usage of Trazodone, an atypical antidepressant, is indicated and appropriate, per ACOEM. In addition, the MTUS Chronic Pain Medical Treatment Guidelines also endorse antidepressants such as Trazodone as first-line option for neuropathic pain, as is also present here with the applicant's longstanding lumbar radiculopathy. The attending provider has seemingly posited, moreover, that ongoing usage of Trazodone has ameliorated the applicant's sleep. Continuing the same, on balance, is indicated and appropriate.

**LUMBAR SUPPORT BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant is well outside of the acute phase of symptom relief following his industrial injury of December 4, 2007. He is now several years removed from the date of injury. Ongoing usage of a lumbar support is not indicated in this context, per ACOEM. Therefore, the request for a lumbar support back brace is not medically necessary and appropriate