

Case Number:	CM13-0067733		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2004
Decision Date:	04/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Psychiatry and Neurology 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 patient is a 57 year-old male with an injury reported on 08/13/2004 and the mechanism of injury was a fall. The current diagnosis was noted as sprain elbow/forearm nos. It is noted in the clinical documentation that the patient has had ongoing issues with pain since his injury. The patient's current medication includes Neurontin 800 mg. The current treatment plan is a request for 1 prescription of Neurontin 800mg #270 and 1 prescription of Trazodone 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Neurontin 800mg #270 between 11/26/2013 and 11/26/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 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 information provided fails to document if the patient is having pain relief, improved functional gains, or if the patient has had any side effects. Therefore, the request for 1 prescription of Neurontin 800mg #270 is not medically necessary.

Prospective request for 1 prescription of Trazodone 50mg #180 between 11/26/2013 and 11/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment

Decision rationale: Official Disability Guidelines (ODG) indicate that antidepressants (e.g., Amitryptiline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. The information provided fails to document if the patient has coexisting conditions with depression that would warrant a need for Trazodone. Therefore, the request for 1 prescription of Trazodone 50mg #180 is not medically necessary.