

Case Number:	CM14-0100484		
Date Assigned:	07/30/2014	Date of Injury:	01/26/2007
Decision Date:	09/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Preventive 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 41-year-old male with a 1/26/07 date of injury. At the time (5/30/14) of request for authorization for Gabapentin 100MG # 120, Quetiapine 100 MG # 30, and Ritalin 20MG #60, there is documentation of subjective (decrease in hand pain) and objective (not specified) findings, current diagnoses (post-traumatic stress disorder), and treatment to date (medications (including ongoing treatment with Ritalin, Gabapentin, and Quetiapine)). 3/13/14 medical report identifies Quetiapine is helpful for anxiety, depression, and insomnia. Regarding Gabapentin 100MG # 120, there is no documentation of neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Gabapentin. Regarding Quetiapine 100 MG # 30, there is no documentation of Quetiapine as second line treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Quetiapine use to date. Regarding Ritalin 20MG #60, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Ritalin is indicated and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Ritalin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin100MG # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Post - Traumatic Stress Working Group VA/DoD Clinical Practice Guideline for management of post traumatic stress. Washington DC Veterans Health Administration Department of Defense 2010 Pg 251 Pharmacotherapy for PTSD.

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

Decision rationale: The Expert Reviewer's decision rationale:MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of post-traumatic stress disorder. In addition, there is documentation of hand pain. However, there is no documentation of neuropathic pain. In addition, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin100MG # 120 is not medically necessary.

Quetiapine 100 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter AND Pain Chapter, Antidepressants AND Seroquel.

Decision rationale: The Expert Reviewer's decision rationale:MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, ODG identifies that Seroquel is not recommended as a first line treatment. Within the medical information available for review, there is documentation of a diagnosis of post-traumatic stress disorder. In addition, there is documentation of depression. However, there is no documentation of Quetiapine as

second line treatment. In addition, despite documentation that Quetiapine is helpful for anxiety, depression, and insomnia, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Quetiapine use to date. Therefore, based on guidelines and a review of the evidence, the request for Quetiapine 100 MG # 30 is not medically necessary.

Ritalin 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veteran Affairs Department of Defense VA/DoD clinical Practice Guidelines for management of major depressive disorder (MDD). Washington (DC): Department of Veteran Affairs, Department of Defense ; 2009 May Page 199 Pharmacologic Treatment Psycho stimulants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ritalin.html>.

Decision rationale: The Expert Reviewer's decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Ritalin is indicated (such as attention deficit disorder, attention deficit hyperactivity disorder, or narcolepsy), as criteria necessary to support the medical necessity of Ritalin. Within the medical information available for review, there is documentation of a diagnosis of post-traumatic stress disorder. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Ritalin is indicated (attention deficit disorder, attention deficit hyperactivity disorder, or narcolepsy). In addition, given documentation of ongoing treatment with Ritalin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications because of Ritalin use to date. Therefore, based on guidelines and a review of the evidence, the request for Ritalin 20MG #60 is not medically necessary.