

Case Number:	CM14-0101184		
Date Assigned:	07/30/2014	Date of Injury:	11/16/2011
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 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:

There were 59 pages for review. Several medicines were non-certified or modified. There was modified approval for gabapentin and for the Lexapro. The form was signed on July 1, 2014. Per the records provided, the patient was described as a 71-year-old female injured in the year 2011. The patient had headaches of unknown etiology, left-sided facial pain, and cervical degenerative disc disease. She was working as an office worker and she tripped on the floor. She had a head CT, 18 sessions of chiropractic care, 15 sessions of physical therapy, an MRI of the cervical spine, 2012 medial branch blocks to the cervical spine, Electromyography (EMG), and a brain MRI. As of May 7, 2014 there was jaw swelling because a tooth crown was pushed out. There was ongoing depression driving the need for Lexapro as well as psychiatric therapy sessions weekly. No details regarding the depression severity was provided. There was ongoing headaches and facial pain. There was a note from May 7, 2014 from [REDACTED]. There was some swelling in the bone because the crown on the left side pushed out. She is seeing her dentist about it. She had no depression prior to her work injury and treatment of her depression seems to have decreased. The diagnosis was left-sided facial pain, and secondary depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlorazoxaxone 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64 and 65 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 63, 64 and 65 of 127. The Expert Reviewer's decision rationale: The MTUS notes that medicines like Chlorzoxazone are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The guidelines further note that ". Chlorzoxazone works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, it is not clear how long the claimant has been on the medicine, and what objective benefit was achieved out of the use. This request is considered not medically necessary.

Gabapentin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 51-52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 16 of 127 and pages 19 of 127. The Expert Reviewer's decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is considered not medically necessary.

Lexapro 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain chapter, under Antidepressants.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS (ODG) Pain chapter, under Antidepressants. The Expert Reviewer's decision rationale: The ODG guidelines "Recommended initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan." Lexapro is not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. The request is considered not medically necessary.

Oxycodone/Acetaminophen 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 88 of 127. The Expert Reviewer's decision rationale: In regards to Opiates and long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for Oxycodone/Acetaminophen 10/325mg #120 is considered not medically necessary.