

Case Number:	CM14-0018818		
Date Assigned:	04/28/2014	Date of Injury:	08/27/2007
Decision Date:	07/07/2014	UR Denial Date:	01/26/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation 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 51-year-old female who was injured on 08/27/2007. The mechanism of injury is unknown. Prior treatment history has included medications, several injections of corticosteroids, physical therapy, carpal tunnel release, revision on the right side, spinal fusion. Pain and Rehab note dated 10/22/2013 indicates the patient presents with complaints of low back pain. She is also having pain above the level of her fusion. She is having no radiating pain anteriorly at this time. Objective findings on exam reveal sensation is decreased in the dermatomes at right S1. Straight leg raise is negative. Spasm and guarding is noted. There is lumbar spine tenderness 3-6 cm above the lumbar scar line of the lower thoracic spine. Lumbar spine motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion, and extensor hallucis longus. The patient is taking Doxepin 3.3% gel 60 gm, Pantoprazole-Protonix 20 mg, Lidoderm 5% patch, synovacin-glucosamine Sulfate 500 mg, hydrocodone 5/500 mg, Gabapentin 600 mg, Cyclobenzaprine-Flexeril 7.5 mg and ibuprofen 800 mg. The patient is diagnosed with 1) Long-term use of medications 2) Acquired spondylolisthesis 3) Sciatica 4) Depression and anxiety 5) Panic Attack 6) Pain psychogenic NEC 7) Carpal tunnel syndrome 8) Lumbar disc displacement without myelopathy 9) Lumbosacral disc degeneration and 10) Sprains and Strains of neck. The patient is prescribed Zoloft 100 mg, Doxepin 3.3%, Pantoprazole-Protonix 20 mg, Hydrocodone/APAP 5/500, Gabapentin 600 mg #60, and cyclobenzaprine-Flexeril 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE GABAPENTIN 600MG QTY: #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS) Page(s): 16.

Decision rationale: According to the CA MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. The guidelines document that Gabapentin 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. The medical records document the patient having been prescribed Gabapentin since April 2013. The medical records do not establish she has obtained any notable benefit despite long-term use.

RETROSPECTIVE CYCLOBENZAPRINE-FLEXERIL 7.5MG QTY: #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril);Muscle Relaxants (For Pain) Page(s): 41, 63.

Decision rationale: According to the CA MTUS guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. This medication is not recommended to be used for longer than 2-3 weeks. The medical records document the patient having been prescribed cyclobenzaprine since September 2013, and prior to that, prescribed another muscle relaxant. The medical records indicate chronic use of the muscle relaxant, without benefit. The chronic use of muscle relaxants is not recommended. There is no objective evidence of muscle spasms on examination or an acute exacerbation. In addition, there is no objective functional improvement identified with use.

RETROSPECTIVE DOXEPIN 3.3% GEL 60 GRM QTY: 1.00: 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: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

Decision rationale: According to the CA MTUS guidelines, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Doxepin is an SSRI, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials.

Furthermore, the patient has been authorized to treat with Zoloft to address the diagnosis of Major Depressive Disorder. The CA MTUS states most topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, however, there is little to no research to support the use of many of these agents. There is no indication for Doxepin and no medical indication that the patient requires topical formulation.