

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0113024 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 05/20/1995 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Internal Medicine and is licensed to practice in New York. 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 injured worker is a 52 year old woman with a date of injury of 5/20/95. She was seen by her provider on 5/1/14 to follow up anxiety state, depressive disorder, reflex sympathetic dystrophy of lower extremity and shoulder-hand syndrome. She complained of pain from her left shoulder to hand and low back pain. The records indicate she had depression but denies suicidal ideation and she continues to follow up with her psychologist twice monthly. Her medications included MS Contin, naproxen, Neurontin, Lexapro, Ambien, Lidoderm patches and Wellbutrin XL. Her physical exam showed she was awake with normal affect but anxious and depressed. Her LLE (left lower extremity) was not tested due to CRPS (complex regional pain syndrome). She had intact sensation in her RLE (right lower extremity). She had an antalgic gait with tenderness to palpation of the lumbar and thoracic spine and positive straight leg raise on the left. At issue in this review are the refills of Lexapro, Ambien, gabapentin and Lidoderm patch. Length of prior therapy is not documented in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: zolpidem drug information and treatment of insomnia

Decision rationale: Ambien is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, it appears that this treatment has been ongoing and is not short term. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate or cause the insomnia and receive general sleep hygiene suggestions. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. There is no documentation of a discussion of efficacy or side effects and the records do not support the medical necessity of continued Ambien.

Lexapro 20mg, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. This injured worker is prescribed Lexapro which is an SSRI in addition to Wellbutrin XL, another antidepressant. It is not clear why this worker requires two antidepressants and the efficacy and side effects are not documented as discussed in the records. The medical necessity of continued Lexapro is not substantiated.

Lidoderm 5% patches, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic cervical, thoracic and lumbar spine pain. She receives multiple medications for this pain including opioid analgesics and gabapentin.

Lidoderm is FDA approved only for post-herpetic neuralgia and she is concurrently receiving first line therapy for neuropathic pain. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

Neurontin 300mg, #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back and upper extremity pain. Her medical course has included numerous medications including narcotics, naproxen and gabapentin. 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify ongoing use. She is also receiving opioid analgesics and the medical necessity of gabapentin is not substantiated in the notes.