

Case Number:	CM14-0133025		
Date Assigned:	09/19/2014	Date of Injury:	02/18/2013
Decision Date:	11/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/20/2014

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 American Board of Family Practice, Family Practice 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:

47-years old male claimant sustained a work injury on 10/17/12 involving the left shoulder. He was diagnosed with biceps tendon rupture, brachial plexus lesions, neck pain and cervicobrachial syndrome. A progress note on 12/19/13 indicated the claimant had neck pain, numbness in the 1st and 2nd fingers of the left hand and right arm pain. A prior EMG showed left cervical radiculopathy vs. plexopathy. Physical exam did not indicate musculoskeletal findings. The claimant had been on Flexeril (muscle relaxant), Gabapentin for nerve pain, Hydrocodone for pain, Protonix for Stomach pain, and Venlafaxine for depression and sleep. A progress note on 6/16/14 indicated the claimant had "11/10" pain. He continues to have depressive symptoms. Musculoskeletal findings were not noted. He remained on Gabapentin 600 mg nightly, Venlafaxine 37.5 mg BID, Hydrocodone 10/352mg TID and Protonix 20 mg BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix 20mg 1-2 daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Venlafaxine HCL ER 37.5mg QD for a week #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

Decision rationale: Venlafaxine is an anti-depressant. According to the guidelines, Venlafaxine is FDA-approved for anxiety, depression, panic disorder and social phobias. Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant had worsening pain and persistent depression. There was no depression questionnaire, behavioral therapy, etiology of depression or alternatives to improve mood and sleep described in the progress notes. Continued use of Venlafaxine is not medically necessary.

Hydrocodonebit/ APAP 10/325mg q8hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone for several without significant improvement in pain and no description of function. The continued use of Hydrocodone is not medically necessary.

Gabapentin 600mg 1/2 tab qhs for night #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18-19.

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

Decision rationale: According to the MTUS guidelines: 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. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the claimant does not have the stated conditions (diabetes or herpes) approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended without noted improvement in pain or function. Gabapentin is not medically necessary.