

Case Number:	CM14-0133567		
Date Assigned:	08/27/2014	Date of Injury:	04/14/2009
Decision Date:	10/28/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male with a reported injury on 04/14/2009. The mechanism of injury was not provided. The injured worker's diagnoses included elbow pain and extremity pain. The injured worker's past treatments included medications, ice, a home exercise program, and a TENS unit. The injured worker's previous diagnostic testing included an MRI of the right elbow on 04/19/2010 which showed postsurgical changes to the proximal radial shaft and mild degenerative changes most prominent at the radial capitellum joint space. On 05/25/2010, an electrodiagnostic study of the upper extremities was normal. The injured worker's surgical history included surgeries for left chronic medial epicondylitis in 2008 and 2009. The injured worker was evaluated on 07/01/2014 for complaints of left arm pain rated at 5/10 with his medications and 10/10 without his medications. The injured worker also complained of poor sleep quality. The clinician observed and reported a focused left elbow examination that revealed no erythema, swelling, ecchymosis, incision, or drainage. No limitation was noted in flexion, extension, pronation, or supination. There was tenderness to palpation over the lateral epicondyle and medial epicondyle. Tinel's sign was negative. Motor strength of the elbow flexors was 3/5 and the elbow extensors measured 3/5 bilaterally. The sensory examination was normal. The clinician encouraged the injured worker to maintain a home exercise program and increase physical activity. He was also instructed to apply ice following exercise to minimize inflammation. The treatment plan included a continuation of medications. Medications include Lyrica 50 mg 3 times a day, Trazodone as needed for insomnia, and Flexeril twice a day for muscle spasms. Lidoderm patches, Lexapro, and Ultram were discontinued per the injured worker's request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg capsule sig: take 1 3x a day for neuropathic pain qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AED's) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for Neurontin 300mg capsule sig: take 1 3x a day for neuropathic pain # 90 is not medically necessary. The injured worker continued to complain of left arm pain. The California MTUS Chronic Pain Guidelines state that Neurontin is an antiepilepsy drug, which has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The provided documentation did not indicate a diagnosis of neuropathic pain. Additionally, the last evaluation on 07/01/2014 did not indicate that the injured worker was taking Neurontin or that Neurontin was prescribed. Therefore, the request for Neurontin 300mg capsule sig: take 1 3x a day for neuropathic pain qty: 90: is not medically necessary.

Doxepin 10mg capsule sig: take 1 at bedtime for sleep maintenance qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: The request for Doxepin 10mg capsule sig: take 1 at bedtime for sleep maintenance #30 is not medically necessary. The injured worker did complain of poor quality of sleep. The California MTUS Chronic Pain Guidelines do recommend tricyclic antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The provided documentation did not indicate either of those diagnoses. The most recent visit note provided, dated 07/01/2014, did not indicate Doxepin as a current medication nor was there was a prescription for that medication. Therefore, the request for Doxepin 10mg capsule sig: take 1 at bedtime for sleep maintenance qty: 30: is not medically necessary.

Baclofen 20mg tablet sig: take 1 tablet two times a day as needed qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

Decision rationale: The request for Baclofen 20mg tablet sig: take 1 tablet two times a day as needed # 60 is not medically necessary. The injured worker continued to complain of left arm pain. The California MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The provided documentation did not indicate any of those diagnoses with regard to this injured worker. In the most recent clinical note provided, dated 07/01/2014, the injured worker was taking Flexeril as a muscle relaxant and not baclofen. Therefore, the request for Baclofen 20mg tablet sig: take 1 tablet two times a day as needed qty: 60.00: is not medically necessary.