

Case Number:	CM14-0142425		
Date Assigned:	09/10/2014	Date of Injury:	08/20/2009
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 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:

60 yr. old female claimant sustained a work injury on 8/20/09 involving the low back and knee. She was diagnosed with lumbar strain and knee strain. A progress note on 4/3/14 indicated she had burning in both legs and persistent pain. Exam findings were notable for dysesthesias with painful range of motion in the back. The left foot was hypersensitive with decreased strength. She had been on Gabapentin and Elavil for neuropathic and pain symptoms. A progress note on 8/7/14 indicated the claimant had 8/10 pain in the low back and left leg. She had difficulty walking. She remained on Gabapentin 600 mg TID and Elavil 25 mg BID along with Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg # 90: Upheld

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

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

Decision rationale: According to the MTUS guidelines 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. 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 approved for Gabapentin use. She had been on Gabapentin in combination with Elavil without a noted 30% improvement. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Elavil 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: According to the MTUS guidelines, Elavil is a tricyclic anti-depressant, which are considered a first-line treatment for neuropathic pain. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics have not demonstrated significance in randomized-control trials in treating chronic lumbar root pain. As noted in the guidelines, Elavil is not indicated for the claimant's diagnoses of chronic back pain. In addition, she had been on Gabapentin as well for neuropathy. The continued use of Elavil is not medically necessary.