

Case Number:	CM14-0026227		
Date Assigned:	06/13/2014	Date of Injury:	12/19/2006
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 46-year-old female with a reported date of injury on 12/19/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical spine herniated nucleus pulposus with radiculopathy, left shoulder internal derangement, left elbow lateral epicondylitis, left carpal tunnel syndrome, thoracic spine strain, and secondary anxiety and depression. Her previous treatments were noted to include physical therapy, medications, and psychological treatment. The progress note dated 03/03/2014 reported the injured worker complained of constant sharp stabbing pain that radiated from her neck to her left upper extremity with numbness, tingling, and weakness. The injured worker also complained of pain in the left shoulder, elbow, and hand that was described as stabbing, sharp, and burning. The injured worker complained of low back pain that was dull and achy and worsened when her left upper extremity became painful, as well as anxiety and depression. The progress note dated 05/11/2014 reported the injured worker had reported after the last phone call to the psychology office, her mood and mind state had improved. The injured worker stated she had run out of medications the week before, and stated Gabapentin was very helpful for the pain in her arm, and that she slept better with Trazodone. The injured worker reported she had been attending individual therapy and state that it had been helping her. The progress note dated 03/03/2014 reported the injured worker indicated she had not returned for follow-up treatments since 11/2013 and was having significant difficulties with her vehicle and did not have adequate transportation. The progress note dated 05/05/2014 reported the injured worker complained she had increased pain and depression that was brought on by running out of her medications. The Request for Authorization form dated 05/12/2014 is for office visits due to depressive disorder, general anxiety disorder, pain with disassociation, and psychological factors. The Request for

Authorization form dated 05/05/2014 is for Gabapentin 600 mg one-half twice a day #120, Effexor ER 150 mg daily, and Trazodone 50 mg at bedtime due to depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PSYCHOTHERAPY (UNSPECIFIED QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89,100,127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Cognitive therapy for depression.

Decision rationale: The request for continued psychotherapy (unspecified quantity) is non-certified. The injured worker has been receiving psychological treatment over the past few years. The Official Disability Guidelines recommend cognitive behavioral therapy for depression and is recommended based on meta-analysis that compares its use with pharmaceuticals. The guidelines state cognitive behavioral therapy fared as well as antidepressant medications with severely depressed outpatients and for major comparisons. The guidelines state studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life does not change as markedly with a short duration of psychotherapy as do symptom-based outcome measures. The guidelines also state psychotherapy visits are recommended up to 13 to 20 visits over 7 to 20 weeks (individual sessions), if progress is being made. The guidelines state the provider should evaluate symptom improvement during the process, so treatment failures can be identified early, and alternative treatment strategies can be proceeded with appropriately. The most recent note from the psychological services was dated 05/2014, where the injured worker reported she had been feeling better and the medications were helping her for her pain and sleep. The guidelines state that there is up to 13 to 20 visits over 7 to 20 weeks if progress is being made; however, there is a lack of documentation regarding the number of previous sessions. There is also a lack of documentation regarding progress that was made during those sessions. Therefore, the request is not medically necessary and appropriate.

VENLAFAXINE XR 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 24, 66, and 105.

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

Decision rationale: The request for Venlafaxine XR 150 mg #30 is non-certified. The injured worker has been taking this medication for depression. The Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first-line option for neuropathic pain, and a

possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia usually occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The guidelines state assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. However, there is insufficient recent clinical information in the medical record in order to determine the medical necessity of the requested medication, such as recent psychiatric history, mental status exam, and target symptoms for the medications. Additionally, the request failed to provide the frequency at which these medications should be utilized. Therefore, the request is not medically necessary and appropriate.

TRAZADONE 50 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Sedative hypnotics.

Decision rationale: The request for Trazodone 50 mg #30 is non-certified. The injured worker has been taking this medication since at least 2012. The Official Disability Guidelines do not recommend sedative hypnotics for long-term use, but recommend them for short term use. The guidelines recommend limiting use of hypnotics for up to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern they may increase pain and depression over the long term. The injured worker has been taking this medication for over a year, and there is insufficient recent clinical information in the medical record to determine the medical necessity of the requested medication, such as recent psychiatric history, mental status exam, and target symptoms for the medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

GABAPENTIN 300 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

Decision rationale: The request for Gabapentin 300 mg #60 is non-certified. The injured worker has been taking this medication for over a year. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve

damage.) There is a lack of expert consensus on the treatment of neuropathic pain in general due to due to heterogeneous etiologies, symptoms, physical signs and mechanisms. The guidelines state most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. The guidelines state there are few random control trials directed at central pain and none for painful radiculopathy. The guidelines state a good response to the use of response to the use of antiepileptic drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker reported the Gabapentin had been very helpful for the pain in her arm; however, there is a lack of rated pain relief with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.