

Case Number:	CM14-0066733		
Date Assigned:	06/25/2014	Date of Injury:	09/18/2010
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/30/2014

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 Occupational Medicine 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:

The claimant was injured on 09/18/10. His medications Lexapro and Neurontin are under review. On 01/06/14, he was reported to be stable on his medication and he was taking Lexapro 20 mg daily. On 03/03/14, he saw [REDACTED] for left hand pain. His pain was worse. Quality of sleep was poor. He denied any new injury and his activity level was decreased. He stated his medications were working well. He was awaiting the Lexapro 20 mg and was still using the 10 mg dose. He was with awaiting authorization for surgery. His current medications included Celebrex and Neurontin. He had decreased grip strength on the left side. He is status post revision amputation of the left index finger with neurectomy in 2011 and a cervical ESI (Epidural Steroid Injection) in July 2013. An MRI of the cervical spine in December 2013 revealed multilevel degenerative changes most prominent at C5-6 and C6-7 with moderate degenerative disc disease. There was evidence at C5-6 for an inflammatory osteoarthropathy. Electrodiagnostic studies in 2011 showed left carpal tunnel syndrome and were suggestive of bilateral chronic C6 radiculopathy. He had restricted range of motion of the cervical spine. He had an amputated second phalanx at the DIP (Distal Interphalangeal Joint) joint. He was awaiting neurosurgery. He was to continue Celebrex and Neurontin. He reported less frequency of becoming inappropriately angry. The Lexapro had not yet been released from the pharmacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro, 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Guidelines on Medication Use Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary: Lexapro.

Decision rationale: The history and documentation do not objectively support the request for Lexapro 20 mg #30. The MTUS and ODG state that when prescribing medications, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005). The claimant was described as stable on his medications on 01/06/14. He stated that he had fewer episodes of being inappropriately angry. Despite this, an increased dose was recommended. No explanation was provided and a reason for this increase cannot be ascertained from the records. The ODG state that Lexapro is a first line drug for depression. There is no clear evidence of depression, though the claimant appears to be angry at times. Therefore, the request for Lexapro, 20mg #30 is not medically necessary and appropriate.

Neurontin, 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83.

Decision rationale: The history and documentation do not objectively support the request for gabapentin. The MTUS state "gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." These diagnoses have not been described in the records. The MTUS and ODG also state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005). In this case, this kind of information is not apparent and the benefit to the claimant of this medication has not been clearly described. It is not clear what benefit is anticipated, in particular from a functional standpoint. Therefore, the request for Neurontin, 300mg #120 is not medically necessary and appropriate.