

Case Number:	CM14-0066745		
Date Assigned:	07/11/2014	Date of Injury:	01/25/2010
Decision Date:	11/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation, 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 injured worker is a 44-year-old female who reported an injury on 01/25/2010. The mechanism of injury was reportedly a slip and fall. Her diagnosis was status post anterior transposition of the ulnar nerve of the right elbow. Her treatments included bracing, activity restrictions, occupational therapy, physical therapy, anti-inflammatory medications, non narcotics such as gabapentin, Lyrica, Desyrel, Elavil, and a trial of Topamax. Her diagnostics included electromyography and x-rays. Her surgical history included an anterior transposition ulnar nerve with decompression on 02/28/2014. On 03/17/2014, the injured worker reported that she had some stiffness and some pain when she attempted to fully extend or flex where she tends to pronate or supinate. The physical examination revealed numbness along the ulnar border of the forearm into the little finger. Her medications on 03/12/2014 were noted as OxyContin 10 mg, Nucynta 75 mg, Neurontin 300 mg, Fexmid 7.5 mg, Xanax 1 mg, Ambien 10 mg, doxepin 25 mg, Prilosec 20 mg, Lidoderm patch, Lexapro 10 mg, and Dendracin topical analgesic cream. The treatment plan was for Neurontin 300 mg, 120 count; doxepin 25 mg, 60 count; and Lexapro, 30 count. The rationale for the Neurontin and the doxepin was for her neuropathic pain from her right ulnar nerve surgery and for sleeping. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: Based on the clinical information submitted for review, the request for Neurontin 300 mg, 120 count, is not medically necessary. According to the California MTUS Guidelines, Neurontin 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. A random control trial revealed that gabapentin monotherapy appears to be effective for the treatment of pain and sleep interferences associated with diabetic painful neuropathy, and exhibits positive effects on mood and quality of life. The injured worker continuously reported intense low back pain. Although it was objectively noted that the injured worker suffered from neuropathic pain, there is insufficient documentation to suggest that the medication was beneficial to her, as there was a lack of information indicating that she had made any improvement. Also, it has been shown that Neurontin exhibits positive effects on mood and quality of life; however, it was noted that her depression symptoms were getting significantly worse, and she reported that she was bedridden at times and very depressed. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Neurontin 300 mg, 120 count, is not medically necessary.

Doxepin 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers Compensation, Online Edition. Chapter Pain. Antidepressants for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-15.

Decision rationale: Based on the clinical information submitted for review, the request for doxepin 25 mg, 60 count, is not medically necessary. According to the California MTUS Guidelines, tricyclic antidepressants are shown to work in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. It is noted that an assessment of treatment effectiveness should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker reported that she continued to have a severe disability involving the lumbar spine and right elbow. She constantly rated her pain at an 8/10 in intensity. An electrodiagnostic finding indicated that she had left L5 radiculopathy. The guidelines indicate that there should be an evaluation of function, sleep quality, and a psychological assessment, which the clinical information submitted for review failed to provide this information or showed that she was making no progress with the medication. The physician noted that her depression symptoms were getting significantly worse, and she reported that she was bedridden at times and very depressed. Furthermore, the request failed to provide the

frequency of the medication as prescribed. As such, the request for doxepin 25 mg, 60 count, is not medically necessary.

Lexapro #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition. Chapter: Mental Illness & Stress Escitalopram (Lexapro)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-15.

Decision rationale: Based on the clinical information submitted for review, the request for Lexapro, 30 count, is not medically necessary. As stated in the California MTUS Guidelines, assessment of treatment effectiveness should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The clinical information submitted for review did not provide objective information showing that the injured worker had made any functional gains; there was not a change in her analgesic medication; and she reportedly was getting significantly worse in regard to her depression. There was no evidence of any improvements with her medication regimen. Furthermore, the request failed to provide the frequency and the dosage of the medication as prescribed. As such, the request for Lexapro, 30 count, is not medically necessary.