

Case Number:	CM14-0074645		
Date Assigned:	07/16/2014	Date of Injury:	11/19/2001
Decision Date:	08/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/22/2014

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:

According to the records made available for review, this is a 53-year-old female with a 11/19/01 date of injury. At the time (5/7/14) of request for authorization for Paroxetine HCL 40mg #30, Neurontin 300mg #240, and Ditropan 5mg #30, there is documentation of subjective (pain with burning paresthesias in the legs) and objective (restricted lumbar of spine range of motion, paravertebral muscle tenderness, positive straight leg raise, and decreased sensation over the lateral calves) findings, current diagnoses (pain in joint lower leg, depression and anxiety, foot pain, lumbar radiculopathy, and hip bursitis), and treatment to date (medications (including ongoing treatment with Paroxetine, Neurontin, and Ditropan). Medical report identifies that patient rated pain without medications as 7/10 and with medications 1/10, and is able to perform daily household tasks better. In addition, medical report identifies that the patient adheres to a pain contract. Regarding Ditropan, there is no documentation of symptoms of overactive bladder (frequent or urgent urination, incontinence (urine leakage), and increased night-time urination).

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine HCL 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of depression and anxiety. In addition, there is documentation of ongoing treatment with Paroxetine HCL. Furthermore, given documentation that patient rates pain without medications as 7/10 and with medications 1/10, and is able to perform daily household tasks better, there is documentation of an increase in activity tolerance as a result of Paroxetine HCL use to date. Therefore, based on guidelines and a review of the evidence, the request for Paroxetine HCL 40mg #30 is medically necessary.

Neurontin 300mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in joint lower leg, depression and anxiety, foot pain, and lumbar radiculopathy. In addition, there is documentation of neuropathic pain. Furthermore, given documentation that patient rates pain without medications as 7/10 and with medications 1/10, and is able to perform daily household tasks better, there is documentation of an increase in activity tolerance as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg #240 is medically necessary.

Ditropan 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=Ditropan>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ditropan.html>.

Decision rationale: MTUS and ODG do not address the issue. The PDR identifies that Ditropan XL is used to treat symptoms of overactive bladder (such as frequent or urgent urination, incontinence (urine leakage), and increased night-time urination). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in joint lower leg, depression and anxiety, foot pain, and lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Ditropan. Furthermore, given documentation that patient rates pain without medications as 7/10 and with medications 1/10, and is able to perform daily household tasks better, there is documentation of an increase in activity tolerance as a result of Ditropan use to date. However, there is no documentation of symptoms of overactive bladder (frequent or urgent urination, incontinence (urine leakage), and increased night-time urination). Therefore, based on guidelines and a review of the evidence, the request for Ditropan 5mg #30 is not medically necessary.