MAXIMUS Federal Services

Case Number:	CM14-0080964		
Date Assigned:	07/18/2014	Date of Injury:	11/12/1996
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Child & Adolescent Psychiatry, 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 60 year old male who suffered a work injury on 11/12/96. The injury included a skull fracture. The injured worker subsequently developed chronic severe pain in his low back, neck, shoulders, jaw, left hip, and headaches. He underwent physical therapy treatments, and analgesic medication. The injured worker has also been in treatment with a psychiatrist, who prescribed Xanax for anxiety. He was also receiving outpatient psychotherapy. The listed mental health diagnoses include depression and post-traumatic stress disorder (PTSD). The injured worker is also prescribed Amitriptyline by another treating physician for the management of headaches. According to the treating psychiatrist's 3/6/14 note, the injured worker appeared cooperative, friendly, talkative, with good eye contact, calm and pleasant. The post-traumatic stress disorder (PTSD) symptoms were described as fairly stable. A request for Duloxetine, Benztropine and Gabapentin has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 60 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Health Chapter, PTSD Pharmacotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Antidepressants for Chronic Pain; Specific Antidepressants, Duloxetine.

Decision rationale: MTUS guidelines for pain relief indicate that Duloxetine is useful for anxiety, depression, diabetic neuropathy and fibromyalgia. It has not been studied in the treatment of low back pain, so that there are no data supporting its use in this population. The injured worker is not diagnosed with neuropathy or fibromyalgia. There are no psychiatric progress notes with details regarding the treatment goals, progress in treatment, or treatment plan. It is also uncertain whether the treating psychiatrist is prescribing the Duloxetine, or whether it is another provider. In the absence of this important clarifying documentation, the request is not medically necessary.

Benztropine Mesylate 2 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Health Chapter, PTSD Pharmacotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Antidepressants for Chronic Pain.

Decision rationale: MTUS guidelines regarding post-traumatic stress disorder (PTSD) pharmacotherapy do not mention Benztropine (Cogentin) in the list of recommended treatments. Official Disability Guidelines (ODG) likewise makes no mention of Benztropine. There is an absence of clinical documentation explaining the indication of this medication for the injured worker. In the absence of this important information and documentation, the request for Benztropine is not medically necessary.

Gabapentin 400 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Health Chapter, PTSD Pharmacotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepticMedications, Gabapentin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, PTSDPharmacotherapy.

Decision rationale: MTUS guidelines indicate that Gabapentin is useful in the treatment of diabetic neuropathy and post-herpetic neuralgia. The injured worker is not diagnosed with either of these conditions. His pain is muscular-skeletal in nature, for which Gabapentin has not been shown to be clinically effective. The ODG for Post-Traumatic Stress Disorder treatment do not include Gabapentin as one of the medications shown to be effective. In the absence of documentation explaining the indications for this medication for the injured worker, and the lack of efficacy of this medication in the treatment of muscular-skeletal pain, the request for Gabapentin 400mg #60 is not medically necessary.