

Case Number:	CM14-0174089		
Date Assigned:	10/27/2014	Date of Injury:	03/24/2011
Decision Date:	04/08/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on March 24, 2011. She has reported right knee pain and swelling. Her diagnoses include pain in joint of lower leg, arthropathy not otherwise specified of lower leg, skin sensation disturbance, right anterior horn lateral meniscus tear, right patellofemoral trochlear arthroplasty with suspicion of failure of patellar component, and left knee anterior horn meniscus tear. She has been treated with MRI, x-rays, ice, heat, exercise, pain psychotherapy, steroid injections, acupuncture, physical therapy, chiropractic therapy, and medications including pain, an anti-epilepsy, and an antidepressant. On September 18, 2014, her treating physician reports she complains of achy and sharp bilateral knee pain. The pain level was 8/10. Her medications are helping. She has depression symptoms, which include being very easily upset; lack of concentration while doing skilled work, feeling fatigued and reduced energy. She feels helpless, hopeless, and worthless. The physical exam revealed a right-sided antalgic gait. The flexion and extension of the bilateral knees was limited by pain. There was tenderness to palpation over the right lateral and medial joint lines, patella and quadriceps tendon. Mildly decreased motor strength of the right knee, normal motor strength of the left knee, and decreased sensation to light touch of the right lumbar 4, lumbar 5, and sacral 1 dermatomes. The treatment plan includes refilling of her oral and topical pain, anti-epilepsy, and antidepressant medications. On October 21, 2014, the injured worker submitted an application for IMR for review of prescriptions for Lexapro 10mg #30, Norco 10/325mg #60, and Gabapentin 600mg #90. The Lexapro was non-certified based on the lack of evidence the patient has failed or is intolerant to tricyclic antidepressants. The Norco was modified based on

the understanding that a specific treatment plan will be presented for the reduction or the requesting physician will offer more detailed and more specific clinical information supporting continued use. The Gabapentin was modified based on the lack of evidence that the patient had neuropathic pain. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Lexapro (escitalopram oxalate) is an orally administered selective serotonin reuptake inhibitor (SSRI). Lexapro (escitalopram) is indicated for the acute and maintenance treatment of major depressive and generalized anxiety disorders. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Lexapro (a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. No high quality evidence is reported to support the use of Lexapro for chronic pain and more studies are needed to determine its efficacy. Submitted reports do not document or describe continued indication or specific functional improvement from Lexapro treatment. There is also no mention of previous failed trial of TCA or other first-line medications without specific improvement in clinical findings from treatment rendered. The Lexapro 10mg #30 is not medically necessary and appropriate.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and

medical necessity has not been established. The Gabapentin 600mg #90 is not medically necessary and appropriate.