

Case Number:	CM14-0189667		
Date Assigned:	12/17/2014	Date of Injury:	01/21/2005
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder and chronic pain syndrome reportedly associated with an industrial injury of January 21, 2005. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for escitalopram (Lexapro), conditionally denied a request for Norco, conditionally denied a urine drug screen, conditionally denied methadone, approved Desyrel, approved Effexor, denied a lidocaine lotion/cream, and denied gabapentin. The claims administrator stated that its decisions were based on an August 4, 2014 progress note. The claims administrator stated the applicant was not depressed on the August 4, 2014 progress note and was therefore not a candidate for Lexapro, despite the fact that non-MTUS ODG Guidelines considered Lexapro a first-line antidepressant. The claims administrator stated that the applicant did not have neuropathic pain for which gabapentin should be employed. The claims administrator did not state whether the request for gabapentin was a first-time request or a renewal request. The applicant's attorney subsequently appealed. In a handwritten August 4, 2014 prescription form, the applicant was given prescriptions for gabapentin, Lexapro, Desyrel, Effexor, and a lidocaine-containing compound. In a progress note of the same date, August 4, 2014, the applicant reported persistent complaints of knee and leg pain. It was stated that the applicant might ultimately need a total knee arthroplasty. The applicant was asked to continue Norco and methadone, albeit at a reduced dosage. The progress note did not include or incorporate any discussion of psychotropic medication efficacy. On July 29, 2014, the applicant reported persistent complaints of shoulder, ankle, and knee pain. The applicant was obese. The applicant had a BMI of 31. It was acknowledged, that the applicant was on insulin, Atacand, Actos, Neurontin, Desyrel, Klonopin, Valium, metformin, Zestril, Mevacor, methadone, Effexor, Lasix, Isordil, and Norco, it was acknowledged. The applicant was "disabled and not working,"

it was acknowledged. The applicant was given diagnoses of knee arthritis, bilateral, shoulder pain status post right shoulder surgery, residual shoulder tendonitis, and left Achilles tendinosis. Work restrictions were endorsed, apparently resulting in the applicant's removability from the workplace. Further right shoulder surgery and aquatic therapy were being pursued, it was suggested. On July 7, 2014, the attending provider stated that the applicant's medications were unchanged. The applicant was pursuing contested shoulder and knee surgery. The applicant was using methadone and Norco. The applicant was also using Lexapro and Effexor for depression. The applicant was a little bit anxious but was not grossly agitated and had no hallucinations or loose associations. The applicant had an intact memory, it was stated. There was little to minimal discussion of psychotropic medication efficacy. On May 30, 2014, the applicant again reported persistent complaints of knee and shoulder pain. The applicant was severely obese, with a BMI of 36. The applicant stated that land-based exercises were difficult for her to perform. The applicant was disabled and not working, it was acknowledged. The applicant did have comorbid diabetes, it was noted. Psychotropic medication efficacy was not outlined. Earlier progress notes of April 1, 2014 and March 5, 2014 likewise did not incorporate much discussion of psychotropic medication efficacy. In a RFA form dated February 6, 2014, the applicant was given refills of Effexor and Desyrel as of that point in time. On January 31, 2014, the applicant's mood was described as "variable." It was stated that Effexor was being refilled for neuropathic pain and depression. The applicant was having issues with insomnia and lack of energy, it was stated. On May 20, 2013, the applicant's pain management physician/psychiatrist stated that the applicant was feeling more depressed and more upset owing to a recent demise of family members. The applicant was using methadone, Norco, Effexor, Lexapro, and Neurontin. It was stated that Neurontin is being employed for neuropathic pain. Somewhat incongruously, the attending provider then stated that the applicant's depression was under pretty good control in another section of the note. In an earlier note dated August 27, 2012, it was notable for comments that the applicant was using methadone, Effexor, and Lexapro as of that point in time. On November 24, 2014, the applicant was reportedly using methadone thrice daily and Norco twice daily. The applicant was using Lexapro nightly and Effexor daily. The attending provider posited that this combination of antidepressants had "worked really well." The attending provider stated that the applicant had no loose associations, hallucinations, or delusions and a grossly intact memory but acknowledged that the applicant had somewhat dysphoric mood owing to a recent infection. The attending provider stated that Neurontin was being employed for neuropathic pain. This was also refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 retrospective prescription of Escitalopram 10mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Lexapro (escitalopram) may be helpful to alleviate symptoms of depression as are/were present here. The attending provider's progress notes, while at times incomplete, do, when viewed in conjunction with each other, suggest that ongoing usage of Lexapro has augmented and/or stabilized the applicant's mood. The attending provider wrote on November 24, 2014 that the combination of Lexapro and Effexor had ameliorated the applicant's symptoms of depression and augmented her mood. Continuing the same, on balance, was therefore indicated. Therefore, the request is medically necessary.

1 retrospective prescription of Lido 3% 30ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section, Pain Mechanisms section, Functional Restoration Approach to Chronic P.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Effexor, an antidepressant adjuvant medication, would seemingly obviate the need for ongoing usage of the lidocaine ointment in question. Several progress notes, reference above, did not contain the applicant's complete medication list and did not clearly outline the applicant's ongoing usage of lidocaine ointment. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that an applicant's choice of pharmacotherapy must be based on the type of pain and/or pain mechanism involved. Here, however, there was no clear description or mention of neuropathic pain for which lidocaine cream/lidocaine ointment or lidocaine lotion could be considered. Neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as electric, shock-like, tingling, numbing, and/or burning sensations. There was no mention of such sensations present on any of the progress note in question including the most recent November 24, 2014 progress note, reference above. The applicant's primary pain generators were consistently described as knee arthritis and/or mechanical shoulder pain status post earlier shoulder surgery. It did not appear, thus, that the applicant had tried and/or failed antidepressant adjuvant medications before introduction of the lidocaine ointment or lidocaine lotion at issue, nor did it appear that the applicant have had neuropathic pain for which lidocaine ointment/lidocaine lotion could be considered. Therefore, the request is not medically necessary.

Retrospective prescription of Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic, Pain Mechanisms section, Gabapentin section Page(s): 3, 19, 49.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin (Neurontin) is a first-line treatment for neuropathic pain, in this case, however, the information on file did not clearly outline the presence of neuropathic symptoms or neuropathic pain for which gabapentin (Neurontin) would have been a first-line treatment. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by symptoms such as electric shock-like, tingling, numbing, and/or burning sensations. There was no clear description of numbness, tingling, paresthesias, etc, for which ongoing usage of gabapentin would have been indicated in any of the progress notes in question. Rather, it appeared that the applicant's primary pain generators were mechanical knee pain secondary to knee arthritis and/or mechanical shoulder pain status post earlier shoulder surgery. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the attending provider has not outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. The applicant is seemingly off of work. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco and/or methadone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.