

Case Number:	CM14-0196635		
Date Assigned:	12/04/2014	Date of Injury:	09/09/2010
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 32-year-old woman with a date of injury of 09/09/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/18/2014 and 11/05/2014 indicated the worker was experiencing shoulder pain that went into the neck. Documented examinations consistently described tenderness in the neck and upper back. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, a problem with a lower back disk, myofascial pain, and left shoulder sprain/strain. Treatment recommendations included oral pain medications, continued home exercise program, heat therapy, and ultrasound. A Utilization Review decision was rendered on 11/10/2014 recommending non-certification for sixty tablets of Gabapentin 300mg and sixty tablets of sertraline and partial certification for thirty tablets of Cyclobenzaprine 7.5mg. A treating physician note dated 05/06/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 18 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Neurontin (Gabapentin) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed notes indicated the worker was experiencing shoulder pain that went into the neck. These records suggested this medication was used to treat nerve pain. The documentation reported the worker's pain intensity and function were improved with the use of this medication. In light of this supportive evidence, the current request for sixty tablets of Gabapentin 300mg twice daily is medically necessary.

Sertraline 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) anxiety medications in chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13 and 14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Sertraline: Drug Information, Topic 9886, version 135.0, Up-to-date, accessed 01/18/2015.

Decision rationale: Sertraline is a medication in the selective serotonin reuptake inhibitor antidepressant medication class. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed records indicated the worker was experiencing shoulder pain that went into the neck. The worker was also suffering from major depressive disorder. The documentation reported the worker's pain intensity and function were improved with the use of this medication. In light of this supportive evidence, the current request for sixty tablets of sertraline is medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and

in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing shoulder pain that went into the neck. The worker had been taking this medication for at least several months. There was no discussion detailing extenuating circumstances that would support long-term use. In the absence of such evidence, the current request for sixty tablets of cyclobenzaprine 7.5mg is not medically necessary.