

<b>Case Number:</b>	CM14-0072913		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 36-year-old male who sustained an industrial injury on September 27, 2011. Previous treatment includes home exercises, occupational therapy, and medication. Currently the injured worker complains of pain and stiffness of the left index finger. Diagnoses associated with the request include lumbosacral radiculopathy and lumbar sprain/strain. The treatment plan includes Lexapro, Norco, Ambien, Neurontin and psychological consultation and spinal cord stimulator implantation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexapro 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants and chronic pain. Decision based on Non-MTUS Citation ODG-use of anti depressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Escitalopram (Lexapro®).

**Decision rationale:** The injured worker sustained a work related injury on September 27, 2011. The medical records provided indicate the diagnosis of lumbosacral radiculopathy and lumbar sprain/strain. Treatments have included home exercises, occupational therapy, and medication. The medical records provided for review do indicate a medical necessity for Lexapro 15 mg #30. The MTUS recommends the use of the antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Escitalopram (Lexapro) is a selective serotonin reuptake inhibitors (SSRIs). These groups of drugs are not recommended by the MTUS and the official Disability Guidelines for treatment of chronic pain, due to controversy in controlled trials. However, this medication is recommended as a first-line treatment option for major depression and posttraumatic disorder. The medical records indicate the injured worker's depression improved with the use of the medication, but the records do not indicate the injured worker suffers from major depression. Therefore, the request is not medically necessary.

**Norco 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on September 27, 2011. The medical records provided indicate the diagnosis of lumbosacral radiculopathy and lumbar sprain/strain. Treatments have included home exercises, occupational therapy, and medication. The medical records provided for review do not indicate a medical necessity for Norco 10mg #30. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on treatment with opioids, at least since 0/2013 without overall improvement. Therefore, the request is not medically necessary.

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The injured worker sustained a work related injury on September 27, 2011. The medical records provided indicate the diagnosis of lumbosacral radiculopathy and lumbar sprain/strain. Treatments have included home exercises, occupational therapy, and medication. The medical records provided for review do not indicate a medical necessity for Neurontin 300mg #90. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records indicate the injured worker has been using this for some time, but there is no evidence from the documents reviewed that the injured worker has had 30% reduction of pain since its use. Therefore, the request is not medically necessary.

**Ambien 5mg #30:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

**Decision rationale:** The injured worker sustained a work related injury on September 27, 2011. The medical records provided indicate the diagnosis of lumbosacral radiculopathy and lumbar sprain/strain. Treatments have included home exercises, occupational therapy, and medication. The medical records provided for review do not indicate a medical necessity for Ambien 5mg #30. Zolpidem (Ambien) is a non-benzodiazepine sedative hypnotic The MTUS is silent on this medication, but the Official Disability Guidelines does not recommend it for long- term use; but recommends it for short-term use. In insomnia, usually two to six weeks. The medical records reviewed indicate the injured worker has problems with sleep; there is no indication from the available records that the injured worker has been using this medication prior to this request. The requested quantity falls within the allowed number of days for use of the medication. Therefore, the request is medically necessary.

**Psychological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-mental illness & stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The injured worker sustained a work related injury on September 27, 2011. The medical records provided indicate the diagnosis of lumbosacral radiculopathy and lumbar sprain/strain. Treatments have included home exercises, occupational therapy, and medication. The medical records provided for review do not indicate a medical necessity for Psychological evaluation. The medical records indicate the injured worker has as continued to suffer from back pain despite conservative treatment. There was a discussion about lumbar fusion, but the injured worker has elected for spinal cord stimulator trial in place of the back surgery. The MTUS states that psychological evaluations are generally accepted, well-established diagnostic procedures not

only with selected use in pain problems, but also with more widespread use in chronic pain populations. It is recommended to be done prior to placement of spinal cord stimulators). Although recommended for spinal cord stimulator, there is no evidence from the records the injured worker has been approved for spinal cord stimulator. Therefore, the request is not medically necessary.