MAXIMUS Federal Services

Case Number:	CM15-0104392		
Date Assigned:	06/08/2015	Date of Injury:	12/10/2012
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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, Florida, California
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 47 year old female, who sustained an industrial injury on December 10, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having bilateral elbow epicondylitis, status post left lateral epicondyle decompression surgery, and insomnia not otherwise specified. Treatment to date has included a functional capacity evaluation, a home exercise program, a non- steroidal anti-inflammatory injection, steroid injections, psychiatric treatment, paraffin bath, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including oral pain, topical pain, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory. On May 11, 2015, the injured worker complains of continued bilateral elbow pain, which is greater on the right than the left. The pain interferes with her activities of daily living and sleep. In addition, she complains of bilateral wrist pain with numbness and tingling of the third and fourth digits of bilateral hands. Her pain fluctuates and is rated 5-9/10. Rest and medication relieve her pain. Her medications help her pain by 30-40%. She has a history of gastritis and her proton pump inhibitor medication, Omeprazole controls her stomach pain. Her antidepressant medication, Escitalopram helps her anxiety and she is calmer. The physical exam revealed tenderness to palpation around the lateral and medial epicondyle and wrist, and reduced hyperextension of bilateral wrists. The treatment plan includes continuing the Gabapentin, Naproxen, Omeprazole, Escitalopram, and transcutaneous electrical nerve stimulation (TENS) patches. The requested treatments include Gabapentin, Naproxen, Omeprazole, Escitalopram, and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg. qty. 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127 and page 19 of 127.

Decision rationale: This claimant was injured over two years ago. There was epicondylitis post surgery. There has been extensive conservative care measures and medicines. There is mention of pain decrements, but no objective functional improvements noted out of the regimen.The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage. However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. The request is not medically necessary and appropriately non-certified under the MTUS evidence-based criteria.

Naproxen 550 mg. qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured over two years ago. There was epicondylitis post surgery. There has been extensive conservative care measures and medicines. There is mention of pain decrements, but no objective functional improvements noted out of the medicine regimen. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine

instead of simple over the counter NSAID. The medicine is not medically necessary and appropriately non-certified.

Omeprazole 20 mg. qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured over two years ago. There was epicondylitis post surgery. There has been extensive conservative care measures and medicines. There is mention of pain decrements, but no objective functional improvements noted out of the regimen. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary and appropriately non-certified based on MTUS guideline review.

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: This claimant was injured over two years ago. There was epicondylitis post surgery. There has been extensive conservative care measures and medicines. There is mention of pain decrements, but no objective functional improvements noted out of the regimen. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over

purchase during this trial. There was no evidence of such in these records. The request is not medically necessary and appropriately non-certified.

Escitalopram 10 mg. qty. 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This claimant was injured over two years ago. There was epicondylitis post surgery. There has been extensive conservative care measures and medicines. There is mention of pain decrements, but no objective functional improvements noted out of the regimen. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary and appropriately non-certified.