

Case Number:	CM15-0107559		
Date Assigned:	06/11/2015	Date of Injury:	05/04/2005
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female, who sustained an industrial injury on 5/4/05. The diagnoses have included chronic pain due to injury, lumbar post laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, low back pain, neck pain, lumbosacral radiculitis, cervical radiculopathy, pain in shoulder joint, lumbosacral radiculopathy, anxiety and depression. Treatment to date has included medications, activity modifications, off work, diagnostics, consultations, surgery, physical therapy, spinal cord stimulator, heat, ice, injections, and home exercise program (HEP). Currently, as per the physician progress note dated 4/22/15, the injured worker complains of neck and low back pain with radiation of the pain to the left leg and left arm. She reports pain without medications is 9/10 on pain scale, with medications, pain is rated 3/10 and the average pain rate of the last month is 6/10. She reports back pain, joint pain, swelling and anxiety. The physical exam reveals left shoulder crepitus and tenderness with positive left cross body test. The left shoulder range of motion is decreased with tenderness to palpation of the left shoulder area. She rated the pain 6/10 currently and was given an injection to the left shoulder and tolerated well. The current pain medications included Naproxen, Nortriptyline, and Butrans patch, Celexa, Gabapentin, Norco, Maxalt, Senna and Omeprazole. The urine drug screen dated 2/22/15 was inconsistent with the medications prescribed. The physician requested treatments included Butrans 10mcg/hour #4, 1 refill, Celexa 20mg #30 and Gabapentin 300mg #30, 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hour #4, 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Page(s): 26.

Decision rationale: The claimant sustained a work injury in May 2005 and continues to be treated for ADD neck and low back pain. Medications are referenced as decreasing pain from 9/10 to 3/10. When seen, physical examination findings included decreased shoulder range of motion with crepitus and tenderness. In terms of Suboxone (buprenorphine), the claimant has undergone an opioid detoxification. Buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, previous medications had included sustained release morphine and oxycodone. Her current medications are providing pain control. It was therefore medically necessary. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary. Antiepilepsy drugs (AEDs), p16-18 Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Celexa is an antidepressant in the selective serotonin reuptake inhibitor class. In this case, the claimant is taking nortriptyline at a low dose without apparent adverse side effects. The need to add a second line medication is not established and therefore the requested Celexa was medically necessary. Antidepressants for chronic pain, p13-15.

Celexa 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-15.

Decision rationale: The claimant sustained a work injury in May 2005 and continues to be treated for ADD neck and low back pain. Medications are referenced as decreasing pain from 9/10 to 3/10. When seen, physical examination findings included decreased shoulder range of motion with crepitus and tenderness. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Celexa is an antidepressant in the selective serotonin reuptake inhibitor class. In this case, the claimant is taking nortriptyline at a low dose without apparent adverse side effects. The need to add a second line medication is not established and therefore the requested Celexa was not medically necessary.

Gabapentin 300mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Anti-Epilepsy Drugs - Gabapentin Page(s): 16; 18.

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

Decision rationale: The claimant sustained a work injury in May 2005 and continues to be treated for ADD neck and low back pain. Medications are referenced as decreasing pain from 9/10 to 3/10. When seen, physical examination findings included decreased shoulder range of motion with crepitus and tenderness. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.