

Case Number:	CM15-0109836		
Date Assigned:	06/16/2015	Date of Injury:	06/02/2011
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 06/02/2011. She has reported injury to the bilateral shoulders, bilateral wrists, bilateral knees, and low back. The diagnoses have included cervical sprain/strain; cervical disc protrusion; lumbar sprain/strain; lumbar disc protrusion; right shoulder calcific tendinitis; left shoulder calcific tendinitis; right wrist sprain/strain; and left knee sprain/strain. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, and home exercise program. Medications have included Naprosyn, Tramadol, Gabapentin, Zoloft, Prilosec, and topical compounded creams. A progress report from the treating provider, dated 05/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in her neck, rated at 9/10 on the pain scale; pain in her lower back, rated at 9/10; pain in the right and left shoulder, rated at 9/10; pain in the right wrist, rated at 6/10; and pain in her left knee, rated at 6/10. Objective findings included decreased ranges of motion in the left and right shoulders. The treatment plan has included the request for Gabapentin 300mg #60; and Zoloft 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300mg #60 is not medically necessary or appropriate.

Zoloft 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Zoloft, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered for this chronic injury of 2011. The Zoloft 15mg #30 is not medically necessary or appropriate.