

Case Number:	CM15-0136889		
Date Assigned:	07/24/2015	Date of Injury:	08/28/2011
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old female, who sustained an industrial injury on 8/28/2011. Diagnoses include chronic pain syndrome, lumbar back pain, lumbar back strain, chronic sleep disorder and depression. Treatment to date has included medications including surgical intervention (right knee arthroscopy) as well as conservative measures including diagnostics, physical therapy and medications including Hydrocodone/Acetaminophen, Ambien, Cyclobenzaprine, Escitalopram, Gabapentin and Ibuprofen. Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker reported pain in the bilateral buttocks, bilateral knees and low back. Pain is rated as 3/10 with medications and 6/10 on average without medications. Physical examination revealed trunk extension with right lateral flexion increases lower back pain. The plan of care included facet block injections and medication management and authorization was requested for Ibuprofen 600mg #90, Gabapentin 300mg #120 and Escitalopram 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg 90 tabs with 3 refills (refilled on 5/27/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The treating physician did not document functional improvement from the use of Ibuprofen. As such, the request for Ibuprofen 600mg 90 tabs with 3 refills (refilled on 5/27/15) is not medically necessary.

Gabapentin 300mg #120 with 3 refills (refilled on 5/27/15): 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 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based on the medical documentation provided, Gabapentin appears to be an appropriate treatment for this patient. However, refills are not appropriate. Guidelines recommend frequent re-assessment for efficacy and side effects with the use of this medications. The treating physician has not provided documentation of decrease in subjective report of pain with medication vs. subjective report of pain without medications. The

previous reviewer modified the request to Gabapentin 300mg #120, no refills. As such, the request for Gabapentin 300mg #120 with 3 refills (refilled on 5/27/15) is not medically necessary.

Escitalopram Oxalate 10mg 30 tabs with 3 refills (refilled on 5/27/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 107.

Decision rationale: Escitalopram Oxalate is an antidepressant classified as a selective serotonin reuptake inhibitor (SSRIs). MTUS states regarding SSRIs, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." Based on the medical documentation provided, this patient does not have a diagnosis of depression. Although the medical documentation provide indicate this patient has neuropathic pain, which Escitalopram Oxalate may be appropriate treatment, refills are not appropriate. Guidelines recommend frequent re-assessment for efficacy and side effects with the use of this medication. The treating physician has not provided documentation of decreased subjective report of pain with medication use vs. subjective report of pain without medications. As such, the request for Escitalopram Oxalate 10mg 30 tabs with 3 refills (refilled on 5/27/15) is not medically necessary.