

Case Number:	CM15-0147287		
Date Assigned:	08/10/2015	Date of Injury:	03/08/2013
Decision Date:	09/22/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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, Pain Management, 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 44-year-old male with an industrial injury dated 03-08-2013. The injury is documented as occurring when he fell from a roof 10 feet high and landed on cement on the left side of his body. His diagnoses included lumbar disc displacement without myelopathy, pain (psychogenic), stenosis (spinal lumbar), depression, cervical spondylosis and pain in joint (forearm). A comorbid condition was hypertension. Prior treatments included physical therapy, home exercise program, cortisone injection to left elbow, cognitive behavioral therapy (CBT) and medications. He presented on 07-13-2015 with chronic low back and lower extremity pain reported as 7 out of 10. He was not working at the time of this visit. He continued with cognitive behavior therapy and felt it had been helpful but he continued to suffer from significant depression and anxiety. Physical exam revealed the injured worker to be alert and oriented with non-antalgic gait. His current medications were Orphenadrine (Norflex ER), Gabapentin, Sertraline, Venlafaxine HCL ER, Metoprolol Tartrate and Norvasc. Treatment plan included medications, continue cognitive behavior therapy and follow up in 4 weeks. The treatment requests for review are: Venlafaxine HCL 37.5 mg #60 ER, DOS: 07/13/15. Sertraline HCL 50 mg #30, DOS: 07/13/15. Orphenadrine-Norflex ER 100 mg #90, DOS: 07/13/15. Gabapentin 600 mg, #60, DOS: 07/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90, DOS: 07/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: MTUS 2009 recommends sedating muscle relaxants as a second line option for short-term exacerbations of chronic pain. The sustained use of Orphenadrine does not adhere to MTUS 2009. The patient has been provided orphenadrine for an extended period of time without any evidence of resolution of pain or improved function. This request for orphenadrine is not medically necessary since its use does not adhere to evidence based guidelines and there has been no demonstrated use from prior use.

Gabapentin 600mg, #60, DOS: 07/13/15: 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 Gabapentin Page(s): 18.

Decision rationale: MTUS 2009 states that gabapentin is approved to treat painful neuropathies such as diabetic neuropathy and post herpetic neuralgia. This patient is not diagnosed with either disorder. The patient has received gabapentin for an extended period of time without any reduction in reported pain or improved function. The ongoing use of gabapentin does not adhere to MTUS 2009 since the patient is not diagnosed with a generalized peripheral neuropathy and there has been no significant benefit from its use. Therefore, this request for gabapentin is not medically necessary.

Sertraline HCL 50mg #30, DOS: 07/13/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 13.

Decision rationale: MTUS 2009 states that anti-depressants for chronic pain are a first line option for neuropathic pain and a possibility for non-neuropathic pain. The patient has been prescribed a different class of anti-depressants for an extended period of time with significant symptoms of anxiety remaining. Combined therapy with sertraline and venlafaxine is typically reserved for major depression, which is not currently diagnosed with this patient. Sertraline is a new agent for this patient and is therefore approved on a trial basis to evaluate effectiveness. Therefore, this request for sertraline is medically necessary.

Venlafaxine HCL 37.5mg #60 ER, DOS: 07/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 13.

Decision rationale: MTUS 2009 states that anti depressants are an option to treat non-neuropathic pain. The patient has been on venlafaxine for an extended period of time without any demonstrable benefit. Therefore, the ongoing use of this medication is not supported by its past effectiveness and therefore this medication is not medically necessary. Sertraline has been prescribed as a new therapeutic approach.