

<b>Case Number:</b>	CM15-0161988		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 38 year old female who sustained an industrial injury on 11-05-2011. She reported injury to her left ankle, left shoulder and lower back. Following the injury, she reported continued weight gain of 140 pounds over a three year period. As of 04-17-2015, her weight was 366 pounds with a body mass index of 57.32. According to a progress report dated 07-15-2015, the injured worker reported left ankle pain, severe left shoulder pain, left lower back pain, depression, insomnia, left knee pain, headache, neck pain that runs down and very hot feet. Diagnoses included fractured ankle not otherwise specified closed, joint derangement not otherwise specified shoulder and lumbosacral neuritis not otherwise specified. The treatment plan included authorization request for shower chair due to weak legs and continuation of meds. The provider noted that the injured worker needed bariatric surgery. She was to remain off work until 08-28-2015. An authorization request was submitted for review and included requests for a follow up visit, laparoscopic vertical sleeve gastrectomy, shower chair, Norco 10-325 mg #120, Gabapentin 300 mg #90 (to be dispensed in office) and Lexapro 10 mg #30. Currently under review is the request for Gabapentin 300 mg #90, Lexapro 10 mg #30, associated surgical service: shower chair and associated surgical service: follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18.

**Decision rationale:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and post-herpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 7/15/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is for non-certification, therefore is not medically necessary.

**Lexapro 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 47.

**Decision rationale:** Per the CA MTUS, Chronic Pain Medical Treatment Guidelines, antidepressants for chronic pain, page 47, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. According to the note on, there is no documentation of efficacy or functional improvement, therefore the request is not medically necessary.

**Associated Surgical Service: Shower Chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is

bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Bath tub seats are considered a comfort or convenience item and not primarily medical in nature. In this case the exam note from 7/15/15 does not demonstrate any functional limitations to warrant a shower chair postoperatively. Therefore the determination is for non-certification, therefore is not medically necessary.

**Associated Surgical Service: Follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain.

**Decision rationale:** CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the exam note from 7/15/15 does demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant a specialist referral. Therefore the determination is medically necessary.