

Case Number:	CM15-0162100		
Date Assigned:	08/28/2015	Date of Injury:	10/07/2009
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 57 year old female, who sustained an industrial injury on October 7, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back and bilateral knee complaints. The diagnoses have included major depressive disorder-single episode (in partial remission), undifferentiated somatoform disorder, lumbar strain, lumbar degenerative disc disease, bilateral knee strain, valgus deformity of the right knee, bilateral ankle sprain, chondromalacia of bilateral knees and insomnia. Treatment and evaluation to date has included medications, radiological studies, knee injections, group psychotherapy and a home exercise program. The injured worker was noted to benefit from the prior group psychotherapy. The injured workers condition was noted to be permanent and stationary. The current work status was not identified. Current documentation dated June 30, 2015 notes that the injured worker reported pain in the right knee radiating to the right lower back and up to the right shoulder. The injured worker was noted to walk slowly with a slightly antalgic gait. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and a decreased and painful range of motion. A straight leg raise test was negative bilaterally. Sensation of the lower extremities was intact. Right knee examination revealed severe tenderness over the medial joint line. The injured worker had difficulty with complete flexion and extension. Documentation dated July 25, 2015 notes that the injured worker continued to report poor sleep, low energy, anxiety and not feeling well, due to pain in multiple parts of her body. Neurontin was noted to be helpful for the pain. The treating

physician's plan of care included requests for Gabapentin 600 mg # 90, Trazadone 50 mg # 45, Effexor ER 75 mg # 90 and group psychoeducational sessions # 6 for mood and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Per progress report dated 7/25/2015, the examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and a decreased and painful range of motion. A straight leg raise test was negative bilaterally. Sensation of the lower extremities was intact. Right knee examination revealed severe tenderness over the medial joint line. The injured worker does not have any conditions for which gabapentin have been indicated by the guidelines. The request is not medically necessary.

Trazodone 50mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress/ Trazodone (Desyrel); Insomnia treatment.

Decision rationale: Per ODG, "Trazodone: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to

placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008) Evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. (Mendelson, 2005)" The injured worker has been prescribed Trazodone for symptoms of depression with coexisting sleep problems. The request for Trazodone 50mg #45 is medically necessary. However, the request for further treatment will be based on evidence of functional improvement.

Effexor 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations, The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The submitted documentation does not indicate any evidence of objective functional improvement with continued use of Effexor. Thus, the request for Effexor 75mg #90 is excessive and not medically necessary.

Group psycho educational for mood and pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: The request does not specify the number of sessions being requested. Also, the submitted documentation indicates that the injured worker has participated in group psychotherapy, however there is no information regarding the number of groups completed or any evidence of objective functional improvement with the same. The request for further treatment is not clinically indicated in absence of prior treatment. Thus, the request for Group psycho educational for mood and pain, unspecified quantity is not medically necessary.