

Case Number:	CM15-0187843		
Date Assigned:	09/30/2015	Date of Injury:	08/06/2011
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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 28 year old female, who sustained an industrial injury on 8-6-2011. The injured worker was being treated for tenosynovitis of the peroneus brevis tendon, plantar fasciitis, foot pain in joint, and a major depressive episode. On 7-20-2015, the injured worker reported right ankle pain, rated 9 out of 10. She reported worsening of her mood since being informed in 6-2015 that she requires another ankle surgery. She reported difficulty falling asleep, which sometimes takes 3-4 hours. She reported sleeping 4-5 hours and be up the rest of the day. She reported worsening of her energy level, a lot of anxiety, a fair interest level, and difficulty concentrating due to rumination. The mental status exam (7-20-2015) revealed the injured worker was attentive with good eye contact and concerned and apprehensive facial expressions. The injured worker's mood was fearful, apprehensive, and scared about surgery. There was some dysphoria; most thought content was around her pain and difficulty in wanting a good surgeon, and intact insight and judgment. On 8-24-2015, the injured worker reported she is limited by her left ankle. She reported a relatively good mood. She reported she can feel desperate, upset, and angry at times, but it quickly goes away. She reported her energy is good 70% of the time and she can fall asleep in a reasonable amount of time and sleep for 7 hours. Her concentration was good. The mental status exam (8-24-2015) revealed good eye contact, normothymic mood and affect, and a clear, linear, and goal-oriented thought process. Current medications included oral pain (Tylenol), topical pain (Lidopro cream), anti-epilepsy (Gabapentin since at least 3-2015), proton pump inhibitor (Omeprazole), antidepressant (Trazadone since at least 8-2015), and non-steroidal anti-inflammatory (Naproxen). Past medication included Tramadol (pain). Surgeries to date have included right foot for repair of

distal peroneus brevis tendon in 2012. Treatment has included right ankle steroid injections, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, paraffin bath, a boot, and medications. Per the treating physician (8-27-2015 report), the injured worker's employer was unable to accommodate her work restrictions that included no lifting, pulling, or pushing greater than 10 pounds and alternate positions for comfort. On 8-24-2015, the requested treatments included Gabapentin 300mg #60 and Trazadone 50mg #30. On 9-10-2015, the original utilization review non-certified requests for Gabapentin 300mg #60 and Trazadone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: 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): Anti-epilepsy drugs (AEDs).

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 2011 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin is not medically necessary and appropriate.

Trazodone: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury of 2011. There is no report of sleep disorder. In order

to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication, functional improvement goals expected or derived specifically relating to the patient's condition as a result of the treatment(s) provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above-described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient. The Trazodone is not medically necessary and appropriate.