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| Case Number: | CM15-0192670 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 02/20/2013 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female patient who sustained an industrial injury on 2-20-2013. She sustained the injury due to slip and fall incident. The diagnoses include right knee pain status post partial knee replacement, right elbow pain, right lateral epicondylitis, chronic pain syndrome, and myofascial pain. Per the doctor's note dated 9-14-2015 she had complaints of right elbow and right knee pain. She rated her pain a 9 out of 10 without medication and a 10 out of 10 with medications. Her pain was better with lying down, medications, injections, and physical therapy. Her pain was made worse with prolonged sitting, standing, walking, and bending. Pain was worse as compared to the prior visit. She had depression symptoms due to chronic pain. Her PHQ 9 score was 21. The review of system includes depression, anxiety and insomnia. Physical examination revealed tenderness to mild palpation at the right lateral epicondyle, full range of motion, moderate tenderness to palpation at the medial joint line. The medications list includes Lyrica, doxepin, hydrocodone, nortriptyline, dicyclomine, prilosec, zantac and fluticasone nasal spray. The patient has tried cymbalta for depression without relief. She has had MRI of the right elbow dated 12-20-2013 which revealed minimal chronic medial epicondylitis and high grade tear; EMG bilateral upper extremity dated 6/14/2013 with normal findings. Her surgical history includes right total knee replacement in 2014; cholecystectomy in 2007 and hysterectomy in 2007. Treatment has included injections, physical therapy, Lyrica and Silenor since at least 9-14-2015. Utilization review form dated 9-22-2015 noncertified Lyrica, Silenor, and modified Effexor XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg Qty 30: Overturned

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

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

Decision rationale: Lyrica 75 mg Qty 30. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." Per the cited guidelines "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Per the records provided the patient had chronic right knee and right elbow pain. The patient has depression, anxiety and insomnia due to chronic pain. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 75 mg Qty 30 is medically necessary and appropriate for this patient.

Silenor 6 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

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

Decision rationale: Silenor 6 mg Qty 30. Silenor contains Doxepin which is an antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. (Saarto-Cochrane, 2007) (ICSI, 2007) Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. (Dworkin, 2007) (Finnerup, 2007)." Per the records provided the patient had chronic right knee and right elbow pain. The patient has depression, anxiety and insomnia due to chronic pain. Patient has tried Cymbalta without relief. Tricyclics like Doxepin are considered first line agents for chronic pain with depression. The request of Silenor 6 mg Qty 30 is medically appropriate and necessary for this patient.

Effexor XR 37.5 mg Qty 60: Overturned

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

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

Decision rationale: Effexor XR 37.5 mg Qty 60. According to CA MTUS guidelines Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." According to the records provided, the patient had chronic right knee and right elbow pain with depression, anxiety and insomnia. The patient has objective findings on the physical examination; tenderness to mild palpation at the right lateral epicondyle, full range of motion, moderate tenderness to palpation at the medial joint line. SNRIs like Effexor are a first line option for patients with chronic pain and depression. The request for Effexor XR 37.5 mg Qty 60 is medically appropriate and necessary for this patient.