MAXIMUS Federal Services

Case Number:	CM15-0199790		
Date Assigned:	10/15/2015	Date of Injury:	03/08/2013
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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

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, who sustained an industrial injury on 03-08-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for forearm pain, psychogenic pain, cervical spondylosis, lumbar disc displacement without myelopathy, lumbar spinal stenosis, anxiety and depression. Medical records (04-17-2015 to 09-16-2015) indicate ongoing chronic back, left elbow, left hip and left lower extremity pain. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS) on 07-13-2015. Records also indicate no significant changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has could return to work with restrictions. The physical exam, dated 09-16-2015, revealed a cooperative IW with appropriate mood and affect, and an antalgic gait. Relevant treatments have included: physical therapy (PT), psychological treatments, cognitive behavioral therapy with reported improvement, work restrictions, and pain medications (gabapentin, Norflex, sertraline and venlafaxine since at least 04-2015). The request for authorization (09-16-2015) shows that the following medications were requested: retrospective orphenadrine (Norflex) ER 100mg #90 (DOS: 09-16-2015), retrospective gabapentin 600mg #60 (DOS: 09-16-2015), retrospective sertraline HCL 50mg #30 (DOS: 09-16-2015), and retrospective venlafaxine HCL ER 37.5mg #60 (DOS: 09-16-2015). The original utilization review (10-02-2015) non-certified the retrospective requests for orphenadrine (Norflex) ER 100mg #90 (DOS: 09-16-2015), gabapentin 600mg #60 (DOS: 09-16-2015), sertraline HCL 50mg #30 (DOS: 09-16-2015), and venlafaxine HCL ER 37.5mg #60 (DOS: 09-16-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine-Norflex ER 100mg #90 (DOS: 09/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine is not medically necessary.

Retrospective Gabapentin 600mg #60 (DOS: 09/16/2015): Upheld

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).

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is a generic mention of pain relief, but there is no identification of specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and specific objective functional improvement. Antiepileptic drugs should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Retrospective Sertraline HCL 50mg #30 (DOS: 09/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for sertraline, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is mention of improved depressive symptoms, but there is no evidence of recent mental status examinations and/or other measures objectively demonstrating efficacy of the medication with functional improvement. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested sertraline is not medically necessary.

Retrospective Venlafaxine HCL ER 37.5mg #60 (DOS: 09/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for sertraline, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is mention of improved depressive symptoms, but there is no evidence of recent mental status examinations and/or other measures objectively demonstrating efficacy of the medication with functional improvement. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested sertraline is not medically necessary.