

<b>Case Number:</b>	CM15-0200084		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, North Carolina  
 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:

The injured worker is a 61 year old male who sustained an industrial injury on 03-24-2010. According to a progress report dated 08-12-2015, the injured worker reported that Neurontin had been beneficial in controlling musculoskeletal pain. He reported that over the last number of weeks, he had increased anxiety and stress and was unable to sleep at night. Zolpidem had been "ineffectual" in helping insomnia. For the last three nights he had been unable to sleep. Acid reflux symptoms were "nicely controlled" with Nexium. He had been seen by a urologist and was informed that he had kidney stones. Objective findings included no neurologic deficits. Motor exam was 5 out of 5 in all extremities. Diagnoses included status post lumbar spine and cervical spine surgery, lumbar spine radiculopathy right foot drop, right lower extremity paresthesia secondary to lumbar spine radiculopathy and diabetic polyneuropathy, hyperlipidemia controlled, diabetes mellitus, hypertension with left ventricular hypertrophy, constipation controlled, gastroesophageal reflux disease controlled, psychiatric diagnosis, erectile dysfunction, testosterone deficiency, kidney stones and obstructive sleep apnea. The treatment plan included Metformin, Simvastatin, Tricor, Nexium, Colace, Amlodipine, Lisinopril, Atenolol, Amitriptyline and Gabapentin. Zolpidem was discontinued due to minimal relief. Therefore Amitriptyline was started. He was referred for re-evaluation with the psychiatrist for anxiety, stress and insomnia. Follow up was indicated in 6 weeks. Documentation shows use of Gabapentin dating back to 03-11-2015. According to the progress report dated 03-11-2015, the injured worker reported that his anxiety and depression were stable and had stopped using Amitriptyline. On 09-11-2015, Utilization Review non-certified

the request for Gabapentin 300 mg by mouth twice a day as needed #60 with 1 refill and Amitriptyline 25 mg by mouth every bedtime #30 with 1 refill and authorized the request for Gabapentin, psychiatrist consult and Atenolol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 300mg po bid prn #60 with 1 refill: 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:** CA MTUS Guidelines state that Gabapentin is an anti-epileptic drug that is also recommended for neuropathic pain. However the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Although the Gabapentin has been noted to be effective in controlling the patient's musculoskeletal pain, the pain relief is not quantified as required by guidelines. In addition, there is a lack of documentation of functional benefit and improvement with the use of Gabapentin. Therefore the request is not medically necessary or appropriate.

**Amitriptyline 25mg po qhs #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (insomnia).

**Decision rationale:** Amitriptyline is a tricyclic antidepressant that is also used for neuropathic pain. ODG states that it has been used for insomnia, but best used as an option in patients with co-existing depression. In this case, the patient does have depression and the medication is being used for insomnia due to failure of Zolpidem. There is no evidence of functional benefit or improvement with the previous use of Amitriptyline. On 03/11/2015 the patient discontinued the Amitriptyline as his "anxiety and depression were stable." The patient has been authorized a psychiatric referral to in part address his insomnia, so re-starting the Amitriptyline should be held pending the psychiatric evaluation. Therefore the request is not medically necessary or appropriate at this time.