

Case Number:	CM15-0212944		
Date Assigned:	11/02/2015	Date of Injury:	11/05/2012
Decision Date:	12/14/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial-work injury on 11-5-12. A review of the medical records indicates that the injured worker is undergoing treatment for Complex regional pain syndrome (CRPS) Reflex sympathetic dystrophy syndrome and carpal tunnel syndrome. Medical records dated (7-15-15 to 9-23-15) indicate that the injured worker complains of constant chronic debilitating pain in the right upper extremity with weakness of the right hand. She reports the pain and burning is worse at night and she has increased difficulty with activities of daily living (ADL). She also has constant fatigue. The physician indicates that the medications provide functional gains by assisting with her mobility and activities of daily living (ADL) which also contributes to her increased quality of life. She reports that medications reduce pain rated 8 out of 10 on pain scale by 50 percent and there are no reported medication side effects. The physical exam dated 9-23-15 reveals that fingers of the right hand are shin with slight swelling of the right fingers. There is tenderness noted in the bilateral trapezii, the right wrist has painful flexion, the right hand fingers are held in claw position, there is partial finger contractures and fine tremors of the fingers. There is allodynia in the right hand and wrist. Treatment to date has included pain medication Neurontin since at least 7-15-15, topical compounded analgesic cream, Zolpidem, Venlafaxine since at least 7-15-15, Protonix , occupational therapy, physical therapy, injections, ganglion block, acupuncture, splinting, casting, activity restrictions, H-wave trial and Transcutaneous electrical nerve stimulation (TENS) trial. The treating physician indicates that the urine drug test results dated 8-25-15 were consistent with the medications prescribed. The requested services included Gabapentin 300mg

capsule, 1 capsule PO BID #60, Gabapentin 800mg tab, 2 tablet PO QHS 30 days Qty: 60, and Venlafaxine ER 150mg capsule, extended release 24 hour, 1 capsule PO a day, 30 days #30. The original Utilization review dated 10-19-15 non-certified the request for Gabapentin 300mg capsule, 1 capsule PO BID #60, Gabapentin 800mg tab, 2 tablet PO QHS 30 days Qty: 60, and Venlafaxine ER 150mg capsule, extended release 24 hour, 1 capsule PO a day, 30 days #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg capsule, 1 capsule PO BID #60: 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).

Decision rationale: This claimant was injured in 2012. There is reported complex regional pain syndrome. There is constant pain in the right upper extremity. The medicines reportedly improve pain significantly. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Gabapentin (Neurontin, Gabarone, generic available) 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. The claimant does in fact have confirmatory signs of CRPS. The patient has both pain relief and functional improvement on the regimen. The request in my view is medically necessary.

Gabapentin 800mg tab, 2 tablet PO QHS 30 days Qty: 60: 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).

Decision rationale: As shared, this claimant was injured in 2012. There is reported complex regional pain syndrome. There is constant pain in the right upper extremity. The medicines reportedly improve pain significantly. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Gabapentin (Neurontin, Gabarone, generic available) 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. The claimant does in fact have

confirmatory signs of CRPS. The patient has both pain relief and functional improvement on the regimen. The request in my view is medically necessary.

Venlafaxine ER 150mg capsule, extended release 24 hour, 1 capsule PO a day, 30 days #30:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured in 2012. There is reported complex regional pain syndrome. There is constant pain in the right upper extremity. The medicines reportedly improve pain significantly. There is no mention of depression or if used for pain, what the objective functional benefit has been. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.