

Case Number:	CM15-0045922		
Date Assigned:	03/18/2015	Date of Injury:	09/03/2008
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on 9/3/2008. He reported falling onto his left ankle and his back. The diagnoses include discogenic lumbar condition, ankle inflammation, chronic pain syndrome, and depression. Treatment to date has included neuroablative nerve block, Transcutaneous Electrical Nerve Stimulation (TENS), ankle and back brace, orthotics, ankle arthroscopy, lumbar epidural steroid injection (ESI) and medication. The physician documented prior use of nonsteroidal anti-inflammatory agents (NSAIDS) which were discontinued in February 2014. Gabapentin was prescribed since at least September 2014 to February 2015. Progress note of October 2014 notes that blood tests for liver and kidney had been recently performed; results were not submitted. Documentation also indicates treatment with other medications including opioids. According to the progress report dated 2/12/2015, the injured worker came in with a cane, looking miserable. It was noted that medication for left foot pain was not approved and as a result, the injured worker went to the emergency department in January 2015 where he was given pain medication. Sitting tolerance was 25 to 40 minutes. It was noted that the injured worker was working 30 hours per week doing sedentary work. The physician documented that the injured worker had been seen in the past for counselling by a family therapy provider, and that he advised the injured worker that he had been approved for psychiatric treatment. The injured worker reports issues with sleep and gastrointestinal irritation. Blood pressure was 136/96. Objective findings included swelling along the ankle joint. There was tenderness along the anterior ankle as well as retro-Achilles area. Authorization was requested for a stronger Transcutaneous Electrical Nerve Stimulation (TENS)

unit, Neurontin, arthroscopy of the ankle, Hyalgan injection, rocker bottom shoe, Nalfon, Effexor XR and Tramadol. On 3/2/15, Utilization Review (UR) non-certified requests for Neurontin 800 mg #90, Effexor XR 75 mg #60, protonix 20 mg #60, and nalfon 400 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. The quantity requested is not consistent with short term use. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The injured worker had diagnoses of chronic back and ankle pain. Previous treatment with nonsteroidals was noted, but the documentation indicates that NSAIDS had not been prescribed for approximately one year. The injured worker reported gastrointestinal irritation and an elevated blood pressure reading was recorded at the February 2015 visit. Blood tests for liver and kidney function were reported to have been performed, but the results were not submitted. Due to potential for toxicity and lack of indication for chronic use, the request for nalfon is not medically necessary.

Protonix 20/mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p. 68-69.

Decision rationale: This injured worker has been prescribed nalfon, a NSAID, and protonix, a PPI. Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). None of these risk factors are present in this injured worker. In addition, the associated NSAID (nalfon) has been determined to be not medically necessary. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI (gastrointestinal) disease. A report mentions gastrointestinal irritation without further information. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Due to lack of indication, the request for protonix is not medically necessary.

Effexor XR 75 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 14-16, SNRIs p. 105, SSRIs p. 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Venlafaxine (Effexor) is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) which is FDA approved for treatment of depression and anxiety. It is recommended off-label for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The MTUS states that it is recommended as an option in first-line treatment of neuropathic pain. Dosage adjustments may be necessary in patients with hepatic and renal impairment. A progress note states that blood tests for liver and kidney had been performed, but the results were not discussed. In this case, the documentation indicates that effexor has been prescribed for depression. The records do not discuss relevant signs and symptoms of depression, and a detailed psychiatric history and mental status examination was not documented. The treating physician notes that the injured worker underwent counselling in the past and that psychiatric treatment had been approved, but the injured worker had not yet been evaluated by a psychiatrist. Severity of symptoms of depression

was not discussed. Due to lack of adequate psychiatric evaluation, the request for effexor is not medically necessary.

Neurontin 600 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): p. 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). There was no documentation of diagnoses of diabetic neuropathy, postherpetic neuralgia, or neuropathic pain for this injured worker. Gabapentin has been prescribed for at least 6 months without documentation of functional improvement as a result of its use. There was no documentation of reduction in work restrictions, improvement in activities of daily living, reduction in medication use, or decrease in frequency of office visits. Due to lack of indication and lack of functional improvement, the request for gabapentin is not medically necessary.