

<b>Case Number:</b>	CM15-0077099		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: New York  
 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 66 year old male, who sustained an industrial injury on July 1, 2001. He has reported back pain, leg pain, knee pain, and foot pain. Diagnoses have included reflex sympathetic dystrophy of the right limb, pain in limb, pain in ankle and foot, and depression and anxiety. Treatment to date has included medications and spinal cord stimulator. A progress note dated February 2, 2015 indicates a chief complaint of right leg pain, right foot pain, right knee pain, and back pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 20 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress.

**Decision rationale:** Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. ODG does not recommend Abilify as a first-line treatment. The injured worker is diagnosed with Anxiety and Depression. Documentation provided for review fails to show that other diagnoses that would support the medical necessity for the use of Abilify. The request for Abilify 20 mg is not medically necessary per guidelines.

**Gabapentin 300 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). 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. The injured worker complains of chronic low back and right leg pain. Physician report at the time of the requested service under review indicates that Gabapentin has not been used for over two months. Although there is report of some improvement in performing ADLs while on the medication, documentation fails to show significant objective improvement in pain or level of function to support the medical necessity for continued use of Gabapentin. The request for Gabapentin 300 mg is not medically necessary by MTUS.

**Lorazepam 1 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker is diagnosed with Depression and Anxiety. Documentation fails to show clinical assessment of symptoms at the time of the requested service under review, but as noted above, long term use of Benzodiazepines is not recommended. The request for Lorazepam 1 mg is not medically necessary, by MTUS.

**Provigil 200 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Provigil (Modafinil) is approved by the FDA for the treatment of Narcolepsy. ODG recommends reducing the dose of opiates before adding stimulants, if this medication is prescribed for sedation effects of opiate drugs. The injured worker is diagnosed with Depression and Anxiety. Documentation fails to indicate a diagnosis of Narcolepsy or other conditions that would warrant the use of Provigil. The request for Provigil 200 mg is not medically necessary per guidelines.

**Rantidine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Famotidine is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Famotidine is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation fails to show that the injured worker has gastrointestinal illness or is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Ranitidine. The request for Ranitidine is not medically necessary per MTUS guidelines.

**Simvastatin:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Statins are used in the treatment of Hyperlipidemia in combination with lifestyle changes including diet and exercise. Documentation provided shows that the injured worker is diagnosed with Hyperlipidemia. Documentation fails to show specific recommendation for dietary restriction or result of prior laboratory result. The recommendation for ongoing use of Simvastatin is reasonable at this time, allowing for further clinical assessment. The request for Simvastatin is medically necessary.

**Verapamil:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Verapamil is in a class of medications called calcium channel blockers. This medication may be used alone or in combination with other medications to treat high blood pressure and chest pain (angina). Documentation provided shows that the injured worker is diagnosed with Hypertension. Documentation provided for review fails to show blood pressure readings to determine if well controlled on current medication regimen. The recommendation for ongoing use of Verapamil is reasonable at this time, allowing for further clinical assessment. The request for Verapamil is medically necessary.

**Venlafaxine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker is diagnosed with Depression and Anxiety. Physician report at the time of the requested service under review indicates that the injured worker complains of feeling irritable and depressed while out of Gabapentin. The medical necessity for ongoing use of Venlafaxine has been established. The request for Venlafaxine is medically necessary by MTUS.