

<b>Case Number:</b>	CM15-0088829		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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

### 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 38-year-old female, who sustained an industrial injury on 11/5/2011. The current diagnoses are closed ankle fracture, derangement of the shoulder, and lumbosacral neuritis. According to the progress report dated 4/10/2015, the injured worker complains of left ankle, left knee, and left shoulder pain. The left ankle pain is rated 10/10, left knee 10/10, and left shoulder 8/10. The current medications are Vicodin, Lexapro, and Gabapentin. Treatment to date has included medication management, x-rays, casting, sling, physical therapy, group therapy, and electrodiagnostic testing. The plan of care includes prescription for Vicodin, Lexapro, and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5/300mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The patient was injured on 11/05/11 and presents with pain in the left ankle, left knee, and left shoulder. The request is for VICODIN ES 7.5/300 MG #120. The RFA is dated 04/10/15 and the patient is to remain off work until 05/25/15. Progress reports are provided from 09/26/14 to 05/08/15. Reports are hand-written and mostly illegible. She has been taking this medication as early as 03/13/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 03/31/15 report states that the patient does not have any side effects. On 04/10/15, the patient rated her pain as a 10/10 for the left ankle/knee and an 8/10 for the left shoulder. The patient had a urine drug screen conducted on 04/10/15 and was compliant with her prescribed medications. Although the treater indicates that the patient does not have any side effects/aberrant behavior, not all 4A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after pain scales nor are there any examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. There is no indication of any CURES report or pain contract on file. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Vicodin is not medically necessary.

**Lexapro 10mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, Anti-Depressants Page(s): 60, 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Escitalopram.

**Decision rationale:** The patient was injured on 11/05/11 and presents with pain in the left ankle, left knee, and left shoulder. The request is for Lexapro 10 mg #30. The RFA is dated 04/10/15 and the patient is to remain off work until 05/25/15. Reports are hand-written and mostly illegible. There is no indication of when the patient began taking this medication. The 04/10/15 report states "continue meds (needs Hydrocodone, Gabapentin, Lexapro." Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "Recommended as a first-line treatment option for MDD and PTSD." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The patient is diagnosed with ankle fracture, derangement of the shoulder, and

lumbosacral neuritis. She has tenderness along the left ankle. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Lexapro has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Lexapro is not medically necessary.

**Gabapentin 300mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The patient was injured on 11/05/11 and presents with pain in the left ankle, left knee, and left shoulder. The request is for Gabapentin 300 mg #90. The RFA is dated 04/10/15 and the patient is to remain off work until 05/25/15. Reports are hand-written and mostly illegible. The patient has been taking Gabapentin as early as 03/13/15. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Gabapentin also requires 30% reduction of symptoms. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with ankle fracture, derangement of the shoulder, and lumbosacral neuritis. She has tenderness along the left ankle. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Review of the reports provided does not mention how gabapentin has impacted the patient's pain and function. Furthermore, the patient does not presents with neuropathy, as indicated by MTUS guidelines. The requested gabapentin is not medically necessary.