

<b>Case Number:</b>	CM15-0231215		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injury on 3-14-2012. The injured worker was diagnosed as having carpal tunnel syndrome, right upper limb, lesion of ulnar nerve, right upper limb, and cervicgia. Treatment to date has included diagnostics, acupuncture, modified work, and medications. On 10-16-2015, the injured worker complains of chronic neck and bilateral upper extremity pain, noting persistent pain at the bilateral hands and elbows. She reported "slow gradual improvement with her pain condition over the past couple of weeks but she still continues report of persistent pain". Pain was not rated. She stated that she continued to work with permanent restrictions, noting "she does feel that she is aggravating some of her pain". She continued with acupuncture and reported "some mild improvement". A review of symptoms was positive for anxiety and depression. Objective findings included an appropriate mood and affect. Exam of the cervical spine noted tenderness to palpation over the right greater than left cervical paraspinal muscles, with muscle tension extending into the bilateral upper trapezius muscles and parascapular muscles, decreased extension by 20%, sensation decreased to the right hand and forearm (compared to left), and strength 5 of 5 in the bilateral upper extremities. Current medications included Trazadone, Gabapentin, Diclofenac cream, Escitalopram, Norco, and Baclofen ("she did not fill her prescription of Baclofen"). Previous progress reports (8-07-2015 and 9-04-2015) noted that she had not started Lexapro yet, but would start "soon". The use of Gabapentin was noted since at least 4-2015. Bilateral upper extremity electromyogram (9-06-2013) was documented to show evidence of mild ulnar mononeuropathy at the right elbow and mild bilateral median mononeuropathy at the wrist. On

10-27-2015 Utilization Review non-certified a request for Gabapentin 600mg #60 ms #120, and non-certified a request for Escitalopram-Lexapro 5mg #30.

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

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

**Gabapentin 600mg #60 ms 1 tab AM, 1.5 tab PM for 1 week, then 1 tab AM, 2 tab PM, quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in January 2012 while working as an Administrative Assistant. She underwent bilateral carpal tunnel releases. Treatments include participating in a functional restoration program. In October 2015, she was having continued chronic neck and bilateral upper extremity pain. Medications were decreasing pain from 8/10 to 6/10. Lexapro was being taken for depression and was helping and stabilizing her mood. There had been improvement after acupuncture treatments. Physical examination findings included cervical paraspinal muscle and bilateral trapezius and parascapular muscle tenderness. There was decreased cervical spine range of motion. There was decreased right upper extremity sensation. Requests include Lexapro and Gabapentin with a titration from 1500 mg per day to 1800 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant has neuropathic upper extremity pain and her Gabapentin dose was being appropriately titrated. An assessment for side effects and for pain relief and improvement in function would be expected at follow-up. The request was medically necessary.

**Escitalopram-Lexapro 5mg #30, 1 tab per day:** Overturned

**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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in January 2012 while working as an Administrative Assistant. She underwent bilateral carpal tunnel releases. Treatments include participating in a functional restoration program. In October 2015, she was having continued chronic neck and bilateral upper extremity pain. Medications

were decreasing pain from 8/10 to 6/10. Lexapro was being taken for depression and was helping and stabilizing her mood. There had been improvement after acupuncture treatments. Physical examination findings included cervical paraspinal muscle and bilateral trapezius and parascapular muscle tenderness. There was decreased cervical spine range of motion. There was decreased right upper extremity sensation. Requests include Lexapro and Gabapentin with a titration from 1500 mg per day to 1800 mg per day. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Lexapro (Escitalopram) is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenalin. The main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. The requested dosing is within guideline recommendations. The claimant has both neuropathic pain and depression and improvement in both is documented. Continued prescribing is medically necessary.