

<b>Case Number:</b>	CM14-0144164		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47year-old female with a date of injury of 7/17/08 with related low back pain that radiated down both legs. Per progress report dated 7/16/14, the injured worker reported low back pain and bilateral leg pain. She also reported that her right hip and buttock were painful. She rated her pain 10/10 in intensity without medications, 8/10 with pain medications. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 8/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #105:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." "Gabapentin (Neurontin) 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."Per MTUS CPMTG p17, "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 most recent documentation noting functional improvement was progress report dated 8/13/13, it was documented that the injured worker was able to function well with the help of her pain medications. She was able to do her ADL's such as take a shower, go to the grocery store, drive, and take her children to school. She was able to sweep and prepare simple meals. She denied adverse reaction to the medication. However, as this progress note is over a year old at the time of this review, it is not possible to determine the current clinical condition of the injured worker based on the information provided. The request is not medically necessary.

**Trazadone 50mg #30 with One (1) Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; and Specific Antidepressants.

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

**Decision rationale:** With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007)(Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007)Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation."The most recent documentation regarding Trazodone was progress report dated 8/13/13, where it was stated that the injured worker was "able to sleep for 6 hours with the Trazodone. She wakes up rested and is able to do more things around the house." However, as this progress note is over a year old at the time of this review, it is not possible to determine the current clinical condition of the injured worker based on the information provided. The request is not medically necessary.

**Cymbalta 60mg #30 with One (1) Refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-

neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). The request is indicated for the injured worker's neuropathic pain. I respectfully disagree with the UR physician's assertion that wean should have been completed based on previous determination due to lack of documentation indicating objective findings of increased function with the use of this medication; the MTUS does not mandate documentation of increased function for the use of antidepressants. The request is medically necessary.