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| <b>Case Number:</b>   | CM14-0216233 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 10/24/2007 |
| <b>Decision Date:</b> | 02/23/2015   | <b>UR Denial Date:</b>       | 12/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2014 |

### 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. 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: Emergency 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:

Patient with reported date of injury on 10/24/2007. Mechanism of injury is described as a lifting injury. Only documented diagnosis are low back pain, neck pain and midback pain. Medical reports reviewed. Last report available until 11/21/14. Documentation is poor. Only submitted full progress note is dated 11/21/14. Other records are either not legible due to poor handwriting or extremely brief with little information documented. Progress notes that patient complains of neck pain and is using 3 percocet per day for pain. Using a cane. Pain is 9/10. Objective exam is only documented as "tenderness in thoracic, lumbar and cervical spine". No medication list was provided. Note mentions prescription for Percocet, Nabumetone, Duloxetine, Trazodone and Gabapentin was written but is not known what is chronically used and if any of it is new. No imaging or electrodiagnostic reports were provided for review. Independent Medical Review is for Gabapentin 60mg #180 with 3refills and Trazodone 150mg #30 with 3refills. Prior Utilization Review on 12/1/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 60 MG 2 Tabs By Mouth TID #180 with 3 Refills: 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): 18-19.

**Decision rationale:** Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. There is no documentation of any objective improvement with only some vague reports of subjective improvement. There is no exam or documentation to support any criteria to recommend this medication. The number of refills is not medically appropriate. Gabapentin is not medically necessary.

**Trazodone 150 MG 1 Tab By Mouth Every Hour #30 with 3 Refills:** Upheld

**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): 13-15.

**Decision rationale:** Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, it is a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no documentation as to why this was prescribed. Very poor documentation does not support use of this medication. The number of refills is completely inappropriate and does not meet MTUS requirement for appropriate monitoring. Trazodone is not medically necessary.