

<b>Case Number:</b>	CM15-0010195		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 28 year old male, who sustained an industrial injury on 12/30/2011. On provider visit dated 12/10/2014 the injured worker has reported leg pain. On examination she was noted to have muscle aches, weakness, arthralgias/joint pain, swelling in the extremities and pain in feet and legs. The diagnoses have included reflex sympathetic dystrophy of lower extremity. Treatment to date has included medications. On 12/18/2014 Utilization Review non-certified Ibuprofen 800mg TID #90 with 5 refills and modified Trazodone 50mg HS refills x5 and Gabapentin 300mg 2 caps TID # 80 x 5 refills. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg 1 hs refills x 5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

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

**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 MTUS guidelines recommend antidepressants as a first line option for neuropathic pain. The documentation submitted for review indicates that the injured worker suffered from depression, anxiety, and sleep disturbances. He also has neuropathic pain related to RSD. I respectfully disagree with the UR physician, the request is medically necessary.

**Ibuprofen 800mg tid #90 refills x 5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile."I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Ibuprofen is indicated for the injured worker's continued severe leg pain. The request is medically necessary.

**Gabapentin 300mg 2 caps TID #180 refills x 5:** Upheld

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

**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." Per MTUS CPMTG, "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 documentation submitted for review does indicate that the injured worker has neuropathic leg pain, however, there was no documentation of pain relief and improvement in function with the use of this medication. As such, medical necessity cannot be affirmed.