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| <b>Case Number:</b>   | CM15-0112863 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 05/04/2005 |
| <b>Decision Date:</b> | 07/20/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2015 |

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on May 4, 2005. She has reported back pain and has been diagnosed with arthritis, abdominal hernia, lumbar fusion, microdiscectomy, right foot surgery, and SCS trail failed. Treatment has included medications, physical therapy, spinal cord stimulator, heat, ice, and injections. Pain without medications is a 9/10, with medications 3/10. Severity level is moderate and fluctuating. Pain is in the lower back and is radiating to the left ankle, left arm, left calf, left foot, right foot, and left thigh. The injured worker describes the pain as an ache, deep, numbness, shooting, stabbing, and throbbing. The treatment request included gabapentin, butrans patch, and celexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg Qty 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

**Butrans 10 mcg patch Qty 4 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids Page(s): 26; 78-82. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Buprenorphine for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Page(s): 26-27.

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant remained on Norco while on Butrans for the past year. As a result, the use of Butrans patches is not medically necessary.

**Celexa 20 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain; SSRIs (selective serotonin re-uptake inhibitors) Page(s): 13; 107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental - SSRI and pg 50.

**Decision rationale:** Celexa is an SSRI used for depression and PTSD. IN this case, the claimant had been on Celexa for over a year without mention of behavioral response on a routine bases. There was no evidence of routine or recent behavioral therapy or interventions. Only recent review of symptoms mentioned no depressions or anxiety but no elaboration. The continued use of Celexa is not justified and not medically necessary.