

Case Number:	CM15-0172997		
Date Assigned:	09/15/2015	Date of Injury:	02/20/2013
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, 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:

This is a 60 year old female patient who sustained an industrial injury on 02-20-2013. Current diagnoses include right knee pain status post partial knee replacement, right elbow pain, right lateral epicondylitis, chronic pain syndrome, and myofascial pain. Per the doctor's note dated 08-13-2015, she had complaints of right elbow and right knee pain. Pain level was 10 (without medications) and 7 (with medications) out of 10 on a visual analog scale (VAS). She had also complaints of worsening depression. Physical examination revealed an antalgic gait, tenderness to mild palpation of the lateral epicondyle of the right elbow, and moderate tenderness to palpation at the medial joint line of the right knee. The medications list includes cymbalta, trazodone, nortriptyline, norco, prilosec, bentyl and flonase nasal suspension. She has tried Cymbalta and Trazadone without relief. She has undergone right knee replacement in 2014, laparoscopic cholecystectomy in 2007 and vaginal hysterectomy in 2007. She has had previous diagnostic studies including right elbow x-ray dated 2/21/13 with normal findings, MRI of the right elbow dated 12/20/13, which revealed medial and lateral epicondylitis, and EMG of the bilateral upper extremity dated 6/14/13, which revealed normal findings. Currently she is temporarily totally disabled. She has had physical therapy, and injections for this injury. The treatment plan included continuing with physical therapy, encouraged to wear the elbow sleeve, written prescriptions for Lyrica and Silenor, continue home exercise program, request for ortho evaluations which are pending, and follow up in 4-6 weeks. Request for authorization dated 08-19-2015, included requests for Lyrica, Silenor, and ortho consult for the right elbow and knee. The utilization review dated 08-26-2015, non-certified the request for Lyrica and Silenor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage). Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." Per the cited guidelines, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008)." According to the records provided patient had right elbow and right knee pain. The patient has history of right knee replacement. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 75mg #30 is medically necessary and appropriate for this patient.

Silenor 6mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Silenor contains Doxepin, which is an antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. (Saarto-Cochrane, 2007) (ICSI, 2007) Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options (Dworkin, 2007) (Finnerup, 2007)..." The patient has chronic right knee and right elbow pain with depression. Patient has tried Cymbalta and Trazodone without relief. Tricyclics like Doxepin are considered first line agents for chronic pain with depression. The request of Silenor 6mg #30 is medically necessary for this patient.

