

Case Number:	CM15-0064668		
Date Assigned:	04/10/2015	Date of Injury:	11/21/2007
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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 49 year old female who sustained an industrial injury on 11/21/07. Initial complaints and diagnoses are not available. Treatments to date include multiple epidural steroid injections, right extensor tendon injections, psychological treatments, trigger point injections, left occipital nerve block, de Quervain's release right wrist, right shoulder surgery, and medications. Diagnostic studies include MRIs of the spine. Current complaints include neck and low back pain. Current diagnoses include chronic neck pain with headaches, left occipital neuralgia, cervicogenic headaches, lumbar spine sprain/strain, right lower extremity radicular symptoms, anxiety, depression, chronic pain, and recurrent persistent de Quervain's disease. In a progress note dated 02/25/15 the treating provider reports the plan of care as continued Percocet, hydroxyzine, gabapentin, Lexapro, meloxicam, omeprazole, Lunesta, as well as an epidural steroid injection, psychotherapy, a left occipital nerve block, and a consultation. The requested treatments are Hydroxyzine, gabapentin, and Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25 mg (2 times daily as needed for itching) Qty 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023966/>.

Decision rationale: Per the US National Library of Medicine, Hydroxyzine treats anxiety, nausea, vomiting, allergies, skin rash, hives, and itching. May also be used with anesthesia for medical procedures. Per supplemental report dated 3/18/15, the injured worker experiences itching with the use of Percocet. It is noted that Hydroxyzine is used as needed for itching caused by the use of Percocet. Hydroxyzine has been effective in reducing symptoms of itching. The injured worker has received authorization for Percocet to utilize for moderate-to-severe pain levels. This supplemental report may not have been available to the UR physician. I respectfully disagree with the UR physician; the documentation supports the use of Hydroxyzine. Hydroxyzine is indicated for itching secondary to the injured worker's Percocet use. The request is medically necessary.

Gabapentin 600 mg (3 times daily) Qty 90: Overturned

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

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." Per progress note dated 3/18/15, the injured worker quantified that with Gabapentin, she noted a pain level of 5/10 and 8/10 without. Gabapentin has been helpful in reducing the severity of burning, electrical, and neuropathic pain allowing the injured worker to utilize her extremities much more comfortably. She has improved function and has improved ability to participate in her activities of daily living. She is better able to participate in light housekeeping chores, cooking, shopping for groceries and self-care needs. This supplemental report may not have been available to the UR physician. I respectfully disagree with the UR physician; the documentation supports the ongoing use of Gabapentin.

Lexapro 20 mg (every day) Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Antidepressants for treatment of MDD, Escitalopram (Lexapro).

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Lexapro is recommended as a first-line treatment option for MDD and PTSD. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006). Per supplemental report dated 3/18/15, it was noted that the combination of Lexapro in conjunction with psychotherapy has been beneficial in controlling the injured worker's depression. The injured worker stated that she was not as depressed with the medication. She was not experiencing any suicidal or homicidal ideations. She had been less apathetic. She noted a significant difference in her mood. This supplemental report may not have been available to the UR physician. I respectfully disagree with the UR physician; the documentation supports the ongoing use of Lexapro. Lexapro is indicated for the injured worker's depression. The request is medically necessary.