

<b>Case Number:</b>	CM15-0064935		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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:

The injured worker is a 45 year old male, who sustained an industrial injury on February 3, 2013. He reported feeling a groin pain while working as a dealer at a local casino, with an inguinal hernia repair in 2013. The injured worker was diagnosed as having a right inguinal hernia, status post right inguinal hernia repair, and chronic neuropathic pain after inguinal hernia repair. Treatment to date has included right inguinal hernia repair, steroid/anesthetic injection, nerve blocks, and medication. Currently, the injured worker complains of chronic right side hernia pain in the groin area. The Treating Physician's report dated January 13, 2015, noted the injured worker reported his pain medication was improving his condition, describing nerve blocks as having no change in his condition. The current medications were listed as Trazodone, Sertraline, Alprazolam, Tramadol, and Ibuprofen. Physical examination was noted to show evidence of right inguinal hernia repair with a well healed incision, allodynia noted over the incision, without evidence of irregular erythema or swelling noted in the testicles or in the inguinal region. A PHQ-91 evaluation suggested that the injured worker had a major depressive syndrome. The recommended treatments were noted to include a urine drug screen (UDS), initiation of Butrans, Gabapentin, and Elavil, and referral to the HELP Functional Restoration Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25g (no qty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-15.

**Decision rationale:** The requested Elavil 25g (no qty), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has right inguinal hernia repair with a well-healed incision, allodynia noted over the incision, without evidence of irregular erythema or swelling noted in the testicles or in the inguinal region. A PHQ-91 evaluation suggested that the injured worker had a major depressive syndrome. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Elavil 25g (no qty) is not medically necessary.

**Gabapentin 600mg (no qty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18.

**Decision rationale:** The requested Gabapentin 600mg (no qty), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and 'Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has right inguinal hernia repair with a well-healed incision, allodynia noted over the incision, without evidence of irregular erythema or swelling noted in the testicles or in the inguinal region. A PHQ-91 evaluation suggested that the injured worker had a major depressive syndrome. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg (no qty) is not medically necessary.