

<b>Case Number:</b>	CM15-0072498		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 54-year-old male, who sustained an industrial injury on October 19, 2009. He reported pain, burning and tingling of the right ankle. The injured worker was diagnosed as having status post posterior tibial debridement of the right ankle and reflex sympathetic dystrophy of the right lower extremity. Treatment to date has included diagnostic studies, surgical intervention of the right ankle, pain management, conservative therapies, medications and work restrictions. Currently, the injured worker complains of continued right ankle pain, numbness and burning sensations. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 19, 2015, revealed continued complaints as noted. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Tab 600 MG 30 Day Supply Qty 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The request is for gabapentin, an anti-epileptic drug that has been used for the treatment of neuropathic pain. The injured worker has been diagnosed with reflex sympathetic dystrophy, a neuropathic pain syndrome of an extremity, which is also known as chronic regional pain syndrome. The MTUS guidelines recommended the use of gabapentin for chronic regional pain syndrome as a trial. One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. If weaning and/or changing to another drug in this class, gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. The treating physician noted on 1/19/2015 that the injured worker experienced a 50% reduction in pain with the use of current medications. The request as written for a 30-day supply of gabapentin for the treatment of chronic regional pain syndrome, status-post operative management, is supported by the MTUS guidelines, and is therefore medically necessary. The treating physician should clearly document a beneficial response to justify continuation of therapy.

**Duloxetine Cap 60 MG 30 Day Supply with 1 Refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Duloxetine Page(s): 43-44.

**Decision rationale:** The request is for duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. The side effect profile of Duloxetine is thought to be less bothersome to patients than that of tricyclic antidepressants. The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression. The injured worker has been diagnosed with reflex sympathetic dystrophy (chronic regional pain syndrome), but does not have a clearly documented history of depression. However, the treating physician notes a 50% reduction in pain with use of current medications. In that light, it appears that the MTUS guidelines would support continuing duloxetine therapy due to clear benefit, and the request is therefore medically necessary. Further use would require clear physician documentation of a functional benefit.