

Case Number:	CM15-0073535		
Date Assigned:	04/23/2015	Date of Injury:	10/19/2010
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
 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 34 year old female, who sustained an industrial injury on 10/19/2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include major depressive disorder, posttraumatic stress disorder, chronic right ulnar neuritis, status post ulnar nerve decompression right wrist, and somatic symptom disorder. Treatments to date include medication therapy, psychotherapy, and enrollment into an intensive outpatient mental health treatment program. Currently, she complained of severe symptoms of depression and nightly nightmares along with persistent neuropathic pain in the right upper extremity. On 2/12/15, the physical examination documented observation of a depressed mood with a constricted affect. The plan of care included continuation of previously prescribed medication and an additional medication to initiate treatment of nightmares.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of Gabapentin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective fortreatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba,2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain .Therefore the request is medically necessary.

1 Month supply of Chlorpromazine 25mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, chlorpromazine.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication. Per the physician desk reference, the requested medication is indicated in the treatment of schizophrenia, manic phase of bipolar disorder, anxiety and restlessness before surgery. The patient has the diagnosis of major depression and post traumatic stress disorder. Therefore, the requested medication is warranted and certified, and medically necessary.

1 Month supply of Prazosin 1mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, prazosin.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested medication. Per the physician desk reference, the requested medication is an alpha blocker indicated for the treatment of hypertension. The non FDA approved indicated for this

medication include Raynaud's phenomenon and BPH. The patient does not have these primary diagnoses and therefore the medication is not medically necessary.