

<b>Case Number:</b>	CM15-0096841		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 40-year-old male who sustained an industrial injury on October 26, 2011. He has reported right testicular region pain and has been diagnosed with status post left inguinal hernia repair, left inguinal region pain, and testicular pain. Treatment has included surgery, modified work duty, medications, chiropractor care, and physical therapy. Objective findings note discomfort to touch in the left inguinal region. No obvious swelling was noted. Left groin sonogram dated November 17, 2011 showed nonspecific hypoechoic area in the left groin in the region of the injured workers concern. Sonographic appearance is not specific for omental fat or definite bowel loop. The Treatment request included Ibuprofen, Effexor, and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg tablets, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The 40-year-old patient presents with left inguinal region pain and testicular pain, as per progress report dated 04/02/15. The request is for IBUPROFEN 600mg TABS. The RFA for the case is dated 04/09/15, and the patient's date of injury is 10/26/11. The patient is status post left inguinal hernia repair on 12/21/11 and right inguinal hernia repair on 10/12/12. Medications, as per progress report dated 04/02/15, included Gabapentin, Effexor and Ibuprofen. As per progress report dated 03/12/15, the patient suffered from bilateral inguinal pain, rated at 7/10, along with anxiety and depression. The patient has been allowed to return to modified work, as per progress report dated 04/02/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Ibuprofen is first noted in progress report dated 11/05/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not document its efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60. Hence, the request IS NOT medically necessary.

**Effexor XR (extended release) 37.5mg capsules, #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Venlafaxine (Effexor) Page(s): 16-17.

**Decision rationale:** The 40-year-old patient presents with left inguinal region pain and testicular pain, as per progress report dated 04/02/15. The request is for EFFEXOR XR 37.5 CAPSULES. The RFA for the case is dated 04/09/15, and the patient's date of injury is 10/26/11. The patient is status post left inguinal hernia repair on 12/21/11 and right inguinal hernia repair on 10/12/12. Medications, as per progress report dated 04/02/15, included Gabapentin, Effexor and Ibuprofen. As per progress report dated 03/12/15, the patient suffers from bilateral inguinal pain, rated at 7/10, along with anxiety and depression. The patient has been allowed to return to modified work, as per progress report dated 04/02/14. As per MTUS guidelines, pages 16 - 17, state that "Venlafaxine (Effexor and #130): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Venlafaxine (Effexor and #130)', state that Effexor is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor and #130) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants." In this case, Effexor is first noted in progress report dated 01/07/15, and the patient has been taking the medication consistently at least since then. A QME report from the psychiatrist revealed a diagnosis of "unspecified depression, based on progress report dated 04/02/15." As per MTUS, Effexor has been approved for treatment of depression and anxiety. Hence, the request IS medically necessary.

**Gabapentin 100mg capsules, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

**Decision rationale:** The 40-year-old patient presents with left inguinal region pain and testicular pain, as per progress report dated 04/02/15. The request is for GABAPENTIN CAPSULES 100mg, 60 CAPSULES. The RFA for the case is dated 04/09/15, and the patient's date of injury is 10/26/11. The patient is status post left inguinal hernia repair on 12/21/11 and right inguinal hernia repair on 10/12/12. Medications, as per progress report dated 04/02/15, included Gabapentin, Effexor and Ibuprofen. As per progress report dated 03/12/15, the patient suffers from bilateral inguinal pain, rated at 7/10, along with anxiety and depression. The patient has been allowed to return to modified work, as per progress report dated 04/02/14. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin and #130, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is first noted in progress report dated 11/05/14, and the patient has been taking the medication consistently since then. There is no documentation of neuropathic pain. Additionally, the treater does not document the efficacy of Gabapentin in terms of reduction in pain and improvement in function, as required by MTUS for all pain medications. Hence, the request IS NOT medically necessary.