

Case Number:	CM14-0145818		
Date Assigned:	09/12/2014	Date of Injury:	09/20/2011
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who had a work-related injury on 09/20/11. The mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 08/15/14. The injured worker complained of bilateral lower extremities pain. He returned for routine medical medication refill. He reported that Percocet helped with pain control, but he liked to be stronger. His pain was rated 5/9. Physical examination revealed his blood pressure was 141/100, and he was pleasant, cooperative, no acute distress, responded appropriately, well groomed, normal skin tone, and appropriate for stated age. The patient was seated comfortably. No signs of sedation or withdrawal. Extremities showed no cyanosis, no clubbing, and no edema. There was decreased sensation throughout lower extremities and palpable tenderness of the lumbar paraspinal region. Diagnosis was industrial burn injury with neuropathic and myofascial pain to bilateral lower extremities and left face. Symptoms of PTSD, depression, and anxiety were noted. The original request was for 30 tablets of Amlodipine 5mg, 60 tablets of Trazodone 50mg, and 180 tablets of Gabapentin 600mg. Utilization review on 08/20/14 modified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Amlodipine 5mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/norvasc-drug.htm

Decision rationale: The request for 30 tablets of Amlodipine 5mg is medically necessary. The injured worker has documented hypertension. As such, medical necessity has been established.

60 tablets of Trazodone 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Trazodone 50mg #60 is medically necessary. The injured worker has clinical documentation of PTSD and depression. Therefore, medical necessity has been established.

180 tablets of Gabapentin 600mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, Gabapentin has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. The injured worker has been diagnosed with industrial burn injury with neuropathic and myofascial pain to bilateral lower extremities. As such, the request for this medication is recommended as medically necessary at this time.