

Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0024182	Date of Injury:	04/19/2007
Claims Number:	[REDACTED]	UR Denial Date:	09/04/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented former [REDACTED] employee who has filed a claim for chronic neck, mid-back, low back, and right hand pain with psychological stress reportedly associated with an industrial injury of April 19, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; intermittent urine drug screening; and extensive periods of time off work.

In a utilization report of September 4, 2013, the claims administrator recommended that the outcome be weaned off Elavil, a tricyclic antidepressant.

The applicant's attorney later appealed, on September 13, 2013.

In a progress note of October 8, 2012, the attending provider writes that the applicant is depressed and is in pain. He is working full time, it is stated.

A later note of August 13, 2013 is notable, that the applicant is having pain that is scored at 6/10 with medications and 9/10 without medications, contrary to what is reported by the claims administrator. The applicant is issued refills of Elavil for pain-related insomnia, Naprosyn for inflammation and pain, Catapres for sympathetic related pain, Pristiq for depression, Colace for constipation, Nucynta for breakthrough pain, Lyrica for neuropathic pain, and a topical Flurflex compound.

It is stated that the applicant's pain flares up when he works a lot, implying that he is, in fact, continuing to work.

IMR DECISION(S) AND RATIONALE(S)

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

1. Elavil 25mg #60 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 13, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 13 of the MTUS chronic pain medical treatment guidelines, amitriptyline or Elavil is considered a first-line agent unless ineffective, poorly tolerated, or contraindicated. In this case, contrary to what is suggested by the claims administrator, it does appear that Elavil or amitriptyline is well tolerated here and is genuine and appropriate analgesia. It is further noted that, in this case, the applicant is having both ongoing issues with chronic pain/neuropathic pain and depression, making Elavil a particularly appropriate choice. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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