

Case Number:	CM13-0011115		
Date Assigned:	03/24/2014	Date of Injury:	09/06/2012
Decision Date:	04/22/2014	UR Denial Date:	07/06/2013
Priority:	Standard	Application Received:	08/02/2013

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 Preventive 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 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 patient is a 41-year-old male with a 9/6/12 date of injury. At the time (6/24/13) of request for authorization for Amitriptyline HCI 75MG #60; Gabapentin 600MG #120; and Naproxen Sodium 550MG #120, there is documentation of subjective (pain down from a 7 to a 4 with medications) and objective (less spasms in the lumbar spine, somewhat diminished and painful left rotation, and positive straight leg raise on the right) findings, current diagnoses (chronic nociceptive low back pain and chronic pain syndrome), and treatment to date (medications including ongoing treatment with Amitriptyline, Gabapentin, and Naproxen Sodium, which have decreased pain about 50%).

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE HCI 75MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of chronic pain, as criteria necessary to support the medical necessity of

antidepressants. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identify tricyclic antidepressants as a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The Guidelines state that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic nociceptive low back pain and chronic pain syndrome. In addition, there is documentation of chronic pain and ongoing treatment with Amitriptyline use. However, despite documentation of pain down from a 7 to a 4 with medications, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Amitriptyline. Therefore, the retrospective request for Amitriptyline HCl was not medically necessary.

GABAPENTIN 600MG, #120: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). The Guidelines state that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic nociceptive low back pain and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Gabapentin. However, there is no documentation of neuropathic pain. In addition, despite documentation of pain down from a 7 to a 4 with medications, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use. Therefore, the retrospective request for Gabapentin was not medically necessary.

NAPROXEN SODIUM 550MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of

nonsteroidal anti-inflammatory drugs (NSAIDs). The Guidelines state that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic nociceptive low back pain and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Naproxen sodium. However, despite documentation of pain down from a 7 to a 4 with medications, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen Sodium use. Therefore, the retrospective request for Naproxen Sodium was not medically necessary.