

Case Number:	CM13-0015770		
Date Assigned:	06/06/2014	Date of Injury:	09/26/2007
Decision Date:	08/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 41-year-old male who reported an injury on 09/26/2007. The mechanism of injury was not stated. The current diagnoses include lumbar spine disc disease, posttraumatic tension and vascular headache disorder, depression and anxiety, sleep disorder, and feelings of imbalance. The latest physician progress report submitted for this review is documented on 04/17/2013. The injured worker reported persistent neck and lower back pain as well as constant headaches. The current medication regimen includes Elavil 10 mg and metoprolol 25 mg. Physical examination revealed normal muscle bulk and tone, 5/5 motor strength, 2+ deep tendon reflexes in the lower extremities, 1+ deep tendon reflexes in the upper extremities, and a normal gait. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERATRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of this injured worker's active utilization of this medication. There is also no strength, frequency, or quantity listed in the current request. As such, the request is non-certified.

ELAVIL 25MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. There was no evidence of neuropathic pain upon physical examination. There is also no frequency or quantity listed in the current request. As such, the request is non-certified.