MAXIMUS Federal Services

Case Number:	CM13-0017068		
Date Assigned:	10/11/2013	Date of Injury:	04/19/2007
Decision Date:	04/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male with a date of work injury of 4/19/2007. There are requests for 1 prescription of Elavil 25mg #60, 1 urine drug screen, and 1 prescription of Fluriflex Ointment. The patient was diagnosed with chronic regional pain syndrome, right hand/wrist sprain and strain, status post crush injury to the right hand, chronic pain related insomnia and chronic pain related anxiety. The patient is working full time. An 8/13/13 primary treatment physician progress report states that the patient complains of neck pain, left arm pain and headaches. He states that the pain is the same. His hand cramps when he works a lot. The Lyrica seems to be helping the neuropathic pain but not enough. The patient's pain right now is 6/10 and has averaged 7/10 for the past one week. The patient's pain score with medications is 6/10 and without medications is 9/10 (1 being no pain and 10 being the worst pain imaginable). Objective findings on this date reveal stable vital signs and a consistent urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELAVIL 25MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): s 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Insomnia treatment

Decision rationale: Elavil 25mg #60 is not medically necessary per the MTUS guidelines. The MTUS states that in regards to chronic pain treatments including pharmacotherapy it is important design a treatment plan that explains the purpose of each component of the treatment. Elavil is a tricylic antidepressant. The MTUS states that this class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. The MTUS does not specifically address insomnia treatment. The ODG states that Sedating antidepressants such as Amitriptyline have also been used to treat insomnia; however, there is less evidence to support their use for insomnia . The ODG does state that such medications may be an option in patients with coexisting depression. The documentation states that the patient is being treated with Pristiq for depression. The documentation submitted indicates that long term use of Elavil for pain related insomnia since November 2012 is not providing a substantial improvement in patient's insomnia. Without significant benefit in insomnia the request for continued Elavil 25mg #60 is not medically necessary or appropriate per the MTUS and ODG guidelines.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009); University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non - terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Opioids, steps to avoid misuse/addiction Page(s): s 43; 94-95.

Decision rationale: A urine drug screen is not medically necessary per the MTUS guidelines. The MTUS recommends urine drug screen as an option, to assess for the use or the presence of illegal drugs. Furthermore, frequent urine toxicology screens are recommended steps to avoid misuse of opioids in particular for those at high risk of abuse. Per documentation submitted this request is for a urine drug screen between the dates of 7/23/2013 and 10/8/2013. The patient has had previous urine drug screens in March and May of 2013 without any inconsistencies or evidence of aberrant behavior. Without evidence of high risk behavior and additional urine drug screen is therefore not medically necessary.

FLURIFLEX OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: Fluriflex ointment is not medically necessary. The ointment Fluriflex contains Flurbiprofen 15% and Cyclobenzaprine 10%. The MTUS guidelines state that there is little evidence to support the use of topical NSAIDS (flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use of Cyclobenzaprine (a muscle relaxant). The guidelines state that topical analgesics are l argely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.