

Case Number:	CM13-0017086		
Date Assigned:	10/11/2013	Date of Injury:	02/16/2005
Decision Date:	03/31/2014	UR Denial Date:	08/06/2013
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 Internal Medicine and is licensed to practice in New York. 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 female assistant customer service manager at a bank with a date of injury on 02/16/2005. She twisted her back and has a L4-L5 disc lesion. She had lumbar MRIs on 05/14/2008, 03/12/2009, 07/10/2010 and 12/07/2011. She had two epidural steroid injections. She had a normal echocardiogram on 03/11/2011. During an extensive evaluation on 04/08/2013 a diagnosis of fibromyalgia was suggested. There was no mention of anemia. On 06/04/2013 it was noted that she has fibromyalgia. On 06/04/2013, she was losing feeling in her hands and arms. She had a rash. The assessment was chronic pain of the neck and back. On 06/25/2013 there was a list of 16 medications she was taking. Elavil was not on that list. The list included Trazodone, Skelaxin, Lunesta, Omeprazole and Zantac HS. On 07/11/2013 there was a note that suggested she was over medicating herself. On 08/13/2013 it was noted that she has gastroesophageal reflux disease (GERD), obstructive sleep apnea and deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULTATION WITH GI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION, 7, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), , Chapter 7, page 127

Decision rationale: MTUS/ACOEM guidelines for consultations note that consultations may be useful to aid in diagnosis, prognosis, therapeutic management and medical stability. Except for GERD there is limited information about any GI condition or symptom. Her GERD is well treated with Omeprazole and Zantac. There is insufficient documentation to substantiate the medical necessity of a GI consult based on the records provided for review. There was no documentation of any GI symptoms. Therefore, the requested consult is not medically necessary.

1 CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 16th Edition, (2005), pages 38-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: There are no MTUS, ACOEM or ODG guidelines for ordering a CBC. There was no documentation of bleeding, anemia, thrombocytopenia, neutropenia or black tarry stools. There was no hematologic issue documented in the history. There is insufficient documentation to substantiate the medical necessity of a CBC at this point in time.

ELAVIL, QTY: 1.00: 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.

Decision rationale: MTUS chronic pain medical treatment guidelines, page 13 does mention Amitriptyline is a tricyclic antidepressant. The request for Elavil quantity 1 with no strength of dose or quantity is not consistent with the standard of care of ordering a medication. Without more detailed information regarding the request, there is insufficient documentation to substantiate the medical necessity of Elavil.