

Case Number:	CM13-0018192		
Date Assigned:	10/11/2013	Date of Injury:	05/26/1981
Decision Date:	02/19/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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. 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 57 year old female with a DOI of 3/27/12. The patient has chronic neck pain and low back pain with radiculopathy. The patient has physical therapy, medications, and TENS. The patient had epidural injections which gave some relief. She tried acupuncture, but it did not help. She states the pain is 4/10. MRI shows L5-S1 disc bulge, and a bulge at L4-5. The most recent report for view is from 6/20/13. There is a UR approval letter dated 9/4/2013 approving xodol 5/300mg #60 and amitriptyline 10mg #60. This IMR review is for a retrospective request for Amitriptyline, medi-derm cream, and xodol on 10/23/12. There is a RFA on 10/23/12 for epidural injections. The patient apparently started xodol, amitriptyline, at least 4/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Amitriptyline HCL 10mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 12.

Decision rationale: MTUS states that TCA may be used as first line treatment for chronic pain. Amitriptyline is recommended by MTUS. The note on 10/23/12 did state that the patient has

decreased sensation on the right L5 distribution, consistent with the diagnosed radiculopathy. There is no sign of side-effects or intolerance from this medication. In addition, the guides specifically recommend this medication for neuropathic pain. As guides recommend this medication for this issue, it is appropriate

Retrospective request for 1 prescription for Medi-Derm cream #240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The applicant does not appear to have tried and/or failed first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method. There is, consequently, no support for usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the original utilization review decision is upheld. As this is a chronic pain case with date of injury of January 20, 2011, the MTUS Chronic Pain Medical Treatment Guidelines are applicable and the primary guideline selected here. However, MTUS 9792.22.a suggests that the Chapters 1-3 are applicable to any date of injury as they address 'General Approaches' for treatment. The text of the MTUS regulations does not seemingly suggest that Chapters 1-3 of ACOEM, 2nd edition have been superseded by the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the Chapter 3 ACOEM topic on oral pharmaceuticals has been added to augment the MTUS Chronic Pain Medical Treatment Guidelines 'Topical Analgesics' topic. The request remains non-certified, on independent medical review.

Retrospective request for 1 prescription for Xodol 5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: CA MTUS chronic pain guides on page 78 discuss specific criteria for continued use of opioids. The clinician needs to be very specific as to the benefits of the medication; it must include functional improvement as defined by MTUS. In addition, it must also show that the patient has significant improvement in pain during use of this medication. In addition, the guides do not recommend long-term use of opiate medications for chronic low back pain and suggest a short course of therapy. This request is asking for five months of treatment. Therefore, as the criteria for the continued use of opioid medications have not been included in the records and the treatment exceeds guideline duration, it is not medically necessary.