

Case Number:	CM13-0043846		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2008
Decision Date:	04/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 10/11/2008. The mechanism of injury involved a fall. The patient is diagnosed with lumbar facet arthropathy, chronic pain, and myofascial pain syndrome. The patient was seen by [REDACTED] on 09/19/2013. The patient reported persistent low back and neck pain with ongoing left leg pain causing numbness to the mid calf. Physical examination revealed mild facet loading maneuver, tenderness to palpation, decreased lumbar range of motion, positive straight leg raising, decreased sensation in the L5-S1 dermatome and diminished strength in bilateral lower extremities. Treatment recommendations included an epidural steroid injection, a trial of Cymbalta, Elavil, and LidoPro cream, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ELAVIL 10MG #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): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Amitriptyline is indicated for neuropathic pain. As per the documentation submitted, the patient does report persistent lower back pain with radiation and numbness to the left lower extremity. A prescription was issued for Elavil 10 mg #60 as a trial for chronic pain. However, the current request is for Elavil 10 mg #120. The patient was also prescribed Cymbalta 60 mg. The medical necessity for 2 separate antidepressants for neuropathic pain, has not been established. It was noted on a later date of 11/14/2013 by the requesting provider, the patient had continuously utilized Elavil 10 mg, and continued to report 7/10 pain with activity limitations. Based on the clinical information received, the request is non-certified.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF CYMBALTA 60MG #30:
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: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta has been used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the patient has reported lower back pain with left lower extremity pain and numbness. While a trial of Cymbalta may be medically appropriate for this patient, the patient was also prescribed Elavil 10 mg. The medical necessity for 2 separate antidepressants for neuropathic pain has not been established. Therefore, the request is non-certified.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDOPROCREAM 4OZ:
Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. While the patient does report persistent lower back pain with left lower extremity radiation and numbness, there is no evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

PROSPECTIVE REQUEST FOR 1 FOLLOWUP VISIT: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased or full duty is needed, or after appreciable healing or recovery can be expected. Physician followup might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. As per the documentation submitted, the patient was placed on a trial of Elavil 10 mg and Cymbalta 60 mg for persistent neuropathic pain. The patient does currently maintain a diagnosis of lumbar facet arthropathy, chronic pain, and myofascial pain syndrome. Therefore, the medical necessity for the requested followup visit has been established. As such, the request is certified.

PROSPECTIVE REQUEST FOR 4 TRIGGER POINT INJECTIONS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the documentation submitted, there was no evidence of trigger points with a twitch response as well as referred pain upon physical examination. There was also no documentation of a failure to respond to medical management therapy such as stretching exercises, physical therapy, NSAIDS, and muscle relaxants. Additionally, California MTUS Guidelines state radiculopathy should not be present. The patient's current examination does reveal positive straight leg raising, decreased sensation, and decreased strength. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.