

Case Number:	CM13-0052614		
Date Assigned:	12/30/2013	Date of Injury:	12/29/2001
Decision Date:	03/14/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/15/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, low back pain, and neck pain reportedly associated with an industrial injury of December 29, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; shoulder corticosteroid injections; lumbar epidural steroid injection; a TENS unit; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 29, 2013, the claims administrator denied a request for Naprosyn, manipulative therapy, and shoulder injections while partially certifying Neurontin and Elavil. The applicant's attorney subsequently appealed. A subsequent note of December 4, 2013 is notable for comments that the applicant is planning to settle his case. The applicant is also planning to consider lumbar spine surgery. He reports 5 to 7/10 pain with medications and 9/10 pain without medications. The applicant states that his ability to perform activities of daily is ameliorated as a result of medication usage. The applicant has a history of hepatitis C and hypertension, it is stated. He is 5 feet 6 inches and 170 pounds, it is noted. He is placed off of work and is described as "currently disabled." Electrodiagnostic testing is endorsed. In a November 14, 2013 medical-legal evaluation, it is stated that the applicant reports low back pain radiating down the legs and has ongoing issues with depression. The applicant is presently on Wellbutrin, Flexeril, Neurontin, and Naprosyn, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule -Definitions Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medication such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here. In this case, the applicant is described as reporting appropriate analgesia and improved ability to perform activities of daily living as a result of ongoing Naprosyn usage. Continuing the same, on balance, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified as there is some evidence of functional improvement as defined in MTUS 9792.20f to justify continuation of Naprosyn, although the applicant has not returned to work.

Amitriptyline 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants such as Amitriptyline or Elavil are the first-line treatment for chronic pain, including the chronic radicular low back pain present here. The MTUS-adopted ACOEM Guidelines in Chapter 15 further note that antidepressants do take some time to exert their maximal effect. In this case, the applicant does have longstanding, ongoing issues with depression superimposed on chronic pain conditions. Usage of Elavil or Amitriptyline is supported by ACOEM for depression and by the MTUS Chronic Pain Medical Treatment Guidelines for chronic pain purposes. The attending provider has stated that the applicant is deriving appropriate analgesia and improved performance of activities of daily living as a result of prior usage of the same. Continuing the same, on balance, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

Gabapentin 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,49.

Decision rationale: As noted on pages 19 and 49 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin or Neurontin is the first-line treatment for various chronic pain conditions, including the neuropathic pain/radicular pain present here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant should be asked at each visit if Gabapentin is producing appropriate analgesia and improved performance of activities of daily living. In this case, the attending provider has documented the presence of appropriate analgesia and improved performance of activities of daily living effected as a result of ongoing medication usage, including ongoing Neurontin usage. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is certified, on independent medical review.