MAXIMUS Federal Services

Case Number:	CM14-0001416		
Date Assigned:	01/22/2014	Date of Injury:	06/05/2012
Decision Date:	06/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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, 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 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 injured worker is a 32 year old male with a reported date of injury on 06/05/2012; the mechanism of injury was not provided. The progress note dated 11/27/2013 noted that the injured worker had complaints that included 6-7/10 pain to the low back that increased with flexion and extension and radiating pain to the left leg and foot. Objective findings included tenderness to the lumbar paraspinal muscles with bilateral trigger points, decreased sensation to the left leg, 2+ deep tendon reflexes, strength 5/5, and negative straight leg raise. It was noted that the injured worker had been prescribed Amitriptyline since at least 07/10/2013 and Ultram since at least 07/09/2012. The request for authorization for Amitiptyline 10mg was submitted on 07/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR ULTRAM ER 100MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CENTRAL ACTING ANALGESICS Page(s): 75.

Decision rationale: The request for 1 prescription for Ultram ER 100mg #30 is not medically necessary. It was noted that the injured worker had complaints that included 6-7/10 pain to the low back that increased with flexion and extension and radiating pain to the left leg and foot. Objective findings included tenderness to the lumbar paraspinal muscles with bilateral trigger points, decreased sensation to the left leg, 2+ deep tendon reflexes, strength 5/5, and negative straight leg raise. The California MTUS guidelines recommend Tramadol for the treatment of chronic pain. The guidelines also state that on-going management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. The documentation did not provide adequate evidence that the medication has provided adequate therapeutic response. Additionally, there is no evidence of screening for possible side effects and/or appropriate drug use. As such this request is not medically necessary.

1 PRESCRIPTIONN FOR AMITRIPTYLINE 10/30MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AMITRIPTYLINE Page(s): 13.

Decision rationale: The request for 1 prescription for Amitriptyline 10/30mg #100 is not medically necessary. It was noted that the injured worker had complaints that included 6-7/10 pain to the low back that increased with flexion and extension and radiating pain to the left leg and foot. Objective findings included tenderness to the lumbar paraspinal muscles with bilateral trigger points, decreased sensation to the left leg, 2+ deep tendon reflexes, strength 5/5, and negative straight leg raise. The California MTUS guidelines state that Amitriptyline is recommended as a first-line option for pain unless it is ineffective, poorly tolerated, or contraindicated. The guidelines also state that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation did not provide adequate evidence that the medication has provided adequate therapeutic response. Additionally, there is no evidence of screening for possible side. As such this request is not medically necessary.