MAXIMUS Federal Services

Case Number:	CM14-0003906		
Date Assigned:	02/03/2014	Date of Injury:	12/23/2002
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Internal Medicine, Pulmonary Diseases 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 reported date of injury on 12/23/2002. The mechanism of injury was reported as a fall. The injured worker complained of persistent severe axial low back pain and muscle spasms in her calf bilaterally. The injured worker had a lumbar fusion at L4-5 on 10/26/2011. According to the clinical note dated 12/10/2013, the injured worker had an abnormal EKG; the results of which were not provided for review. According to the clinical note dated 12/26/2013 the injured worker had an irregular heart beat and high blood pressure. The injured worker's medication included nortiptyline Hcl, cyclobenzaprine (Flexeril), Albuterol Inhaler, Aspirin, Percocet, Benadryl Allergy, Norvasc, Diltiazem and HCTZ.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE (FLEXERIL) 7.5MG, #90: 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 MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The CA MTUS guidelines recommend Flexeril as an option, when using as a short course of therapy. The greatest effect with Flexeril is in the first four days of treatment.

Furthermore, the addition of cyclobenzaprine to other agents is not recommended, cyclobenzaprine is closely related to the tricyclic antidepressants. According to the CA MTUS guidelines Cyclobenzaprine is not recommended to be used for longer than 2-3 week. According to the documentation provided the injured worker has been utilizing Flexeril since at least 2012 which exceeds the guideline recommendation in regards to length of use. The efficacy of the medication was unclear within the documentation. Therefore, the request for Cyclobenzaprine (Flexeril) 7.5mg, #90 is not medically necessary and appropriate.

NORTRIPTYLINE HCL 10MG, #30 X 3 REFILLS: 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 MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants For Chronic Pain Page(s): 13-14.

Decision rationale: The CA MTUS guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic's are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment effectiveness should include not only pain outcomes, but also an evaluation of function, changes in use of other pain medication, sleep quality and duration, as well as psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The clinical information provided for review lacks documentation of assessment regarding the injured worker's tachycardia; which is a potential side effect of Notriptyline. In addition, there is a lack of documentation regarding a significant increase in functional ability and quality of life as is related to the utilization of Notriptyline. Therefore, the request for Nortriptyline Hcl 10MG, #30 X 3 refills is not medically necessary and appropriate.