

Case Number:	CM14-0100140		
Date Assigned:	09/16/2014	Date of Injury:	04/10/2006
Decision Date:	10/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, leg pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of April 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; unspecified amounts of physical therapy; unspecified amounts of massage therapy; unspecified amounts of manipulative therapy; and earlier participation in a [REDACTED] Program. In a Utilization Review Report dated June 20, 2014, the claims administrator retrospectively denied a request for Lyrica, Elavil, and Norco. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported persistent complaints of neck pain, shoulder pain, headaches, and myofascial pain syndrome. The applicant was reportedly using Lyrica, Norco, Elavil, Flexeril, topical Flector patches and topiramate. The applicant reported heightened symptoms. Additional manipulative therapy and massage therapy were endorsed. The applicant was severely obese, with a BMI of 39. There was no explicit discussion of medication efficacy, although the attending provider suggested that the applicant was "stable" on current medications. The applicant's work status was not stated. In a May 13, 2014 progress note, the applicant apparently presented with persistent complaints of neck pain. Depression was also listed amongst the operating diagnoses. The attending provider stated that the applicant was improving in terms of activities of daily living with the medications in question, but did not, once again, elaborate on the extent of the same. The applicant's work status, once again, was not provided. In earlier notes dated January 16, 2014 and February 7, 2014, the applicant was again given medication refills, again without any quantification of analgesia and/or any explicit description of what activities of daily living were ameliorated as a result of ongoing medication consumption. The applicant's work status, once again, was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Amitriptyline HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as amitriptyline (Elavil) often take "weeks" to exert their maximal effect. In this case, however, the applicant had seemingly been using amitriptyline for what amounts to a span of several months. There has been no explicit discussion of medication efficacy. The attending provider has not recounted any material improvements in mood or function achieved as a result of ongoing amitriptyline usage. Therefore, the request was not medically necessary.

RETRO Lyrica 75 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic Page(s): 99; 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line medication for neuropathic pain, as appears to be present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has seemingly failed to return to work. The attending provider has failed to quantify any decrements in pain achieved as a result of ongoing Lyrica usage. Ongoing usage of Lyrica has failed to curtail the applicant's consumption of opioid agents such as Norco. All the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary, medically.

RETRO Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to recount the applicant's work status on several recent office visits, referenced above. It does not appear that the applicant has returned to work. The attending provider has likewise failed to quantify any decrements in pain and/or expound upon any material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.