

Case Number:	CM14-0101717		
Date Assigned:	09/16/2014	Date of Injury:	07/15/2012
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 Emergency 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:

Patient with reported date of injury on 7/15/2012. No mechanism of injury was provided for review. Diagnosis includes lumbar post-laminectomy syndrome, sprain of neck, sprain of lumbar area and displacement of lumbar/thoracic disc. Medical reports reviewed. Last report available until 7/7/14. Reports provided for review are hand written progress notes. No dictated or computer/typed notes were provided. Patient complains of low back pain with bilateral extremity pain and stiffness. Pain limits ability to walk. Pain radiates to R lower extremity. Also has R leg swelling. Objective exam reveal positive sacroiliac joint tenderness, decreased range of motion. Midline tenderness. (unknown which side) positive straight leg raise. Neurosensory intact. No imaging or electrodiagnostic reports were provided for review. No medication list was provided for review. Note has medication check off boxes. Treating physician checked off Norco, Vistaril and Flexeril on note from 7/7/14. Note from 5/12/14 checks off Pamelor and reason was checked off as "Tx of neuropathic pain due to nerve damage per MTUS". Independent Medical Review is for Pamelor 25mg #(records show request is for 60 tablets), Flexeril 7.5mg #60 and Vistaril 50mg #45. Prior UR on 6/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 25mg,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Pamelor is Nortriptyline, an Amitriptyline antidepressant. Amitriptyline's are recommended as first line treatment for chronic neuropathic pains unless there are side effects or is not effective. These class of medications have very low threshold for toxicity and close monitoring must be considered. The provider has not documented proper monitoring of side effects or effectiveness of Pamelor. Due to lack of proper documentation of side effect monitoring or effectiveness of medication, Pamelor is not medically necessary.

Flexeril 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, : Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. Pt has noted muscle spasms and chronic pain however; provider has failed to document improvement in pain or muscle spasms of proper monitoring of side effects. The number of tablets prescribed is also not appropriate for short term use. Flexeril is not medically necessary.

Vistaril 50mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Last Updated 6/10/14): Anxiety Medications

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental Illness and Stress>, <Insomnia Treatment>

Decision rationale: Vistaril or Hydroxyzine is used for itching, sleep or anxiety. Provider checked off box for "patient has failed behavioral techniques for improved sleep and has sleep difficulty". It is an anti-histamine medication. MTUS Chronic Pain and ACOEM guidelines do not have any sections that cover this topic. As per Official Disability Guidelines (ODG), Sedating Antihistamine may be effective in aiding sleep but has some risks due to impairment of function day after use and rapid tolerance. It considered a high risk medication for the elderly. Patient has been taking this medication chronically. There is no proper documentation of proper monitoring of side effects, assessment of fall risk and continued effectiveness of the medication. Documentation does not support benefit of the medication over risks. Vistaril is not medically necessary.

