MAXIMUS Federal Services

| Case Number: | CM14-0011266 | | |
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| Date Assigned: | 02/21/2014 | Date of Injury: | 11/04/2011 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/28/2014 |

## 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:

Medical records from 08/14/2013 to 01/08/2014 were reviewed and showed that patient complained of chronic neck pain graded 7-8/10 with grinding and popping sensations. There was no radiation of pain or numbness noted. There was also a complaint of left-sided back pain (pain grade not specified) that was aggravated with standing and walking. There was no radiation of pain. Physical examination of the cervical spine revealed limited ROM with extension and rotation. There was cervical paraspinal muscle tenderness. Spurling's and compression tests were negative. Physical examination of the lumbar spine revealed mild paraspinal muscle tenderness, restricted ROM and pain during lumbar extension with rotation. X-ray of the lumbar spine dated 01/08/2014 showed loss of disc height at L5-S1. X-ray of the cervical spine dated 01/08/2014 revealed normal findings. Treatment to date has included physical therapy, Norco, Tylenol and Meloxicam.Utilization review, dated 01/16/2014, certified the request for prescription of Meloxicam 15mg #30 with two refills since there is lack of evidence of gastrointestinal complaints or disease to contraindicate NSAID use. Utilization review dated 01/16/2014 denied the request for prescription of Elavil 25mg #30 with two refills because there was no evidence of neuropathic signs or symptoms to support the use of this medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Meloxicam 15 mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to CA MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, patient was prescribed Meloxicam 15mg #30 since 01/08/2014. However, there was no evidence of acute exacerbation of pain that may warrant NSAID use. The medical necessity was not established. Therefore, the request for prescription of Meloxicam 15mg #30 with two refills is not medically necessary.

**One prescription of Elavil 25 mg #30 with 2 Refills:** Upheld

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

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

**Decision rationale:** According to CA MTUS Guidelines, TCAs such as Elavil are recommended as a first- line option for neuropathic pain. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. In this case, patient's manifestation is not consistent with neuropathic pain. Moreover, there was no supportive evidence based on the medical records or discussion about the need for Elavil use. Therefore, the request for prescription of Elavil 25mg #30 with two refills is not medically necessary.