MAXIMUS Federal Services

Case Number:	CM14-0126669		
Date Assigned:	09/05/2014	Date of Injury:	07/09/2001
Decision Date:	10/02/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice, and is licensed to practice in Texas. 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 60 year old female with a reported date of injury on 07/09/2001. The mechanism of injury was not provided. The injured worker's diagnoses included left C6 radiculopathy. The injured worker's past treatment included medications. No pertinent diagnostic testing was provided. The injured worker's previous surgical history included C5-6 and C6-7 anterior cervical discectomy and fusion. The injured worker was evaluated on 07/07/2014 where she reported left arm aches with extended activities. She was taking Celebrex routinely and Elavil (amitriptyline) intermittently and she reported effectiveness. The clinician observed and reported guarded cervical range of motion, tenderness to palpation of the posterior neck and neurologically intact. There was no change from exams on 07/01/2013 and 12/26/2013. The treatment plan was to continue medications and follow up in 3-6 months. The injured worker's medications included Celebrex and Elavil. The requests are for Amitriptyline HCL 25 mg #30 with 4 refills and Celebrex 200 mg #30 with 4 refills for treatment of status post cervical fusion with residual. The request for authorization form was submitted on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25 mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): Pages 13 and 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

Decision rationale: The request for Amitriptyline HCL 25 mg #30 with 4 refills was not medically necessary. The injured worker reported that her left arm ached with extended activity and she used amitriptyline intermittently. The California MTUS guidelines note antidepressants are recommended for patients with neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note antidepressants are recommended for patients with non-neuropathic pain as an option in depressed patients, but effectiveness is limited; non-neuropathic pain is generally treated with analgesics and anti-inflammatories. The documentation of the three examinations provided for review indicated no neurologic defecits or subjective complaints of pain other than aching caused by extended activity. No reports of burning, coldness, numbness,tingling, shocking, itching or pain in a specific dermatomal pattern were provided. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation which demonstrates the medication is effective in decreasing the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Amitriptyline HCL 25 mg #30 with 4 refills was not medically necessary.

Celebrex 200 mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): Pages 22 and 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70.

Decision rationale: The request for Celebrex 200 mg #30 with 4 refills was not medically necessary. The injured worker reported that her left arm ached with extended activity and she took Celebrex routinely. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines also note, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. The injured worker has a diagnosis of left C6 radiculopathy. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms for which medication would be needed. The injured worker has been prescribed this medication since at least 07/2013. Continuation of this medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy

of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Celebrex 200 mg #30 with 4 refills was not medically necessary.