

Case Number:	CM14-0128588		
Date Assigned:	08/15/2014	Date of Injury:	10/19/2010
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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:

This is a case of a 56-year-old male who has filed a claim for chronic pain syndrome, cervical and lumbar radiculitis, cervical and lumbar degenerative disc disease, lumbar stenosis, cervical discogenic pain associated with an industrial injury date of 10/19/2010. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient is starting to notice a decrease in pain and is happy about this. He has started physical therapy and finds it helpful for increasing his range of motion. He completed physical therapy but says the physical therapist told him he needs more visits since he just had a cervical fusion. He continues to find his medications helpful and tolerated. He is able to help his wife around the house with his medications. He is able to shower with the help of his medications. He can help take care of his children with the help of his medications. He continues to have pain in his neck, head, traps, shoulders, low back, upper extremities, and right lower extremity. The pain is aggravated by sitting, standing, walking, bending, lifting, and laying down. It is alleviated by medications, changing positions, and physical therapy. Pain is better since his last appointment, rating 7-8/10 without medications and 5-6/10 with. He denies any new symptoms or neurological changes. Upon physical examination of the cervical spine, there is mild tenderness over the cervical facet joints. Cervical spine ranges of motion are decreased with flexion, extension, right lateral bending, and right lateral rotation. Treatment to date has included cervical spine surgery, physical therapy, medications, and hot and cold therapy. Medications taken include Elavil, Norco, Cyclobenzaprine, Promolaxin, Terocin lotion, Prilosec, and Miralax. A Utilization review dated 07/31/14 denied the request for physical therapy because of lack of documentation outlining functional benefit from treatment received to date. There is no provider rationale of ongoing deficits that would require ongoing supervised PT versus an independent home exercise program at this time. In the same UR, the request for Elavil was also denied documentation

indicates the prescribing of this medication for difficulty sleeping due to chronic pain. Sedating antidepressants may be used to treat insomnia, but with less evidence to support their use for insomnia. This may be an option for patients with coexisting depression, which was not documented in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2x per week for 6 weeks for the cervical spine (6 visits requested per narrative role): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient is post-cervical surgery last April 2014 and has finished his initial course of physical therapy. The patient states that the physical therapy and medications has helped him a lot. With these, he is able to help his wife around the house. However, there is no documentation regarding the number of physical therapy visits done before and objective notes of functional benefit and progress. Furthermore, there is no discussion why there is a need for extended therapy rather than a self-directed home exercise program. The clinical indication for additional therapy sessions has not been clearly established. Therefore, the request for Physical therapy 1-2x per week for 6 weeks for the cervical spine (6 visits requested per narrative role) is not medically necessary.

Elavil 25mg #30: 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 Chapter, Insomnia treatment

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally

considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Side effects, including excessive sedation, (especially which would affect work performance) should be assessed. 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 optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). In this case, the patient is taking Elavil for insomnia associated with chronic pain and neuropathic pain. Progress reports show that the patient has alleviation of pain and functional benefit the use of his medications. Latest progress reports show that the patient reports headaches, insomnia, sleepiness, and depression. However, there is no documentation citing the benefit of this medication in terms of sleep quality and duration. With this, the clinical indication for the continued use of Elavil has not been clearly established. Therefore, the request for Elavil 25mg #30 is not medically necessary.