

Case Number:	CM14-0154325		
Date Assigned:	09/23/2014	Date of Injury:	08/07/2001
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The injured worker is a 63 year-old female, who sustained an injury on August 7, 2001. The mechanism of injury is not noted. Diagnostics have included: September 13, 2012 cervical MRI reported as showing multilevel fusion. Treatments have included: cervical fusion dated September 2002 and February 2004, physical therapy, medications. The current diagnoses are: cervicgia, s/p cervical fusion, chronic low back pain, right C7 radiculopathy. The stated purpose of the request for 90 tablets of Lyrica 75mg with three refills was for paresthesias. The request for 90 tablets of Lyrica 75mg with three refills was denied on September 15, 2014, citing a lack of documentation of detailed pain relief. The stated purpose of the request for 90 tablets of Elavil 10mg with one refill was to provide sleep. The request for 90 tablets of Elavil 10mg with one refill was denied on September 15, 2014, citing a lack of neither documentation of detailed pain relief nor EKG clearance of possible arrhythmias. The stated purpose of the request for 18 tablets of Imitrex 50mg with one refill was to treat headaches. The request for 18 tablets of Imitrex 50mg with one refill was denied on September 15, 2014, without note of rationale. Per the report dated August 27, 2014, the treating physician noted complaints of neck pain and upper trapezius muscle pain and headache. Exam findings included restricted cervical range of motion with right-sided cervical tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Lyrica 75mg with Three Refills: 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, Page(s): 99.

Decision rationale: The requested 90 tablets of Lyrica 75mg with three refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has neck pain and upper trapezius muscle pain and headache. The treating physician has documented restricted cervical range of motion with right-sided cervical tenderness. The treating physician has not documented duration of treatment, current neuropathic pain, exam findings indicative of radiculopathy, nor objective evidence of derived functional benefit. The criteria noted above have not been met. Therefore, the request for 90 tablets of Lyrica 75mg with three refills is not medically necessary.

90 Tablets of Elavil 10mg One Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested 90 tablets of Elavil 10mg with one refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression,"unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has neck pain and upper trapezius muscle pain and headache. The treating physician has documented restricted cervical range of motion with right-sided cervical tenderness. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from previous use. The criteria noted above have not been met. Therefore, the request for 90 tablets of Elavil 10mg with one refill is not medically necessary.

18 Tablets of Imitrex 50mg with One Refill: 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), Head Chapter, Imitrex (Sumatriptan), Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans

Decision rationale: The requested 18 tablets of Imitrex 50mg with one refill, is not medically necessary. CA MTUS is silent. ODG, Head Chapter, Triptans, noted that Triptans are recommended for migraine sufferers. The injured worker has neck pain and upper trapezius muscle pain and headache. The treating physician has documented restricted cervical range of motion with right-sided cervical tenderness. The treating physician has not documented duration of treatment, detailed description of migraine cephalgia symptomatology, nor functional improvement from previous use. The criteria noted above have not been met. Therefore, the request for 18 tablets of Imitrex 50mg with one refill is not medically necessary.