

Case Number:	CM14-0022574		
Date Assigned:	06/11/2014	Date of Injury:	06/05/2012
Decision Date:	07/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 33-year-old male who was reportedly injured on June 5, 2012. The mechanism of injury was noted to be repetitive lifting of boxes. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of low back pain radiating down the left leg. The physical examination demonstrated lumbar paraspinal muscle tenderness, decreased sensation in the left leg, 2+ deep tendon reflexes of the lower extremities and 5/5 lower extremity motor strength. There was a negative straight leg raise. Cymbalta, Ultram and Anaprox were prescribed. The injured employee was encouraged to continue a home exercise program emphasizing core strengthening and to continue weight loss. A request had been made for Ultram for breakthrough pain, amitriptyline and acupuncture treatments and was not certified in the pre-authorization process on January 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The continued use of opioid medications such as Ultram should be justified by providing objective information regarding pain relief, increased ability to function and improved quality of life due to taking these medications. Comments should also be made concerning adverse effects, potential psychological consultation and screening for abuse/addiction. While the injured employee was prescribed Ultram only for breakthrough pain, these issues should still be addressed. Without this information, this request for Ultram is not medically necessary.

AMITRIPTYLINE 10-30MG#100: 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: Antidepressants such as amitriptyline are recommended as first line treatment options for neuropathic pain. According to the medical records provided, the employee has been taking amitriptyline since possibly January 2013. There is no mention in the attach medical record about the efficacy of this medication. Such information should be provided to justify continued use of amitriptyline. Without this information, this request for amitriptyline is not medically necessary.