

Case Number:	CM14-0032019		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2008
Decision Date:	10/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with date of injury of 11/19/2008. The listed diagnoses per D ■■■■■ from 01/30/2014 include persisting back pain with radicular symptoms to the left leg. MRI revealing post-operative changes with fusion stable at L4 - L5. However, there is multilevel degenerative disc disease and for ■■■■■ no stenosis above and below his fusion site, possibly contributing to his back and left leg symptoms; Status post bilateral knee replacements; History of carpal tunnel syndrome with positive nerve conduction studies; History of constipation from narcotic use, stable with stool softeners; Migraine headaches; History of TURP procedure; Onset of depression and anxiety. According to this report, the patient complains of worsening back pain radiating down his buttock and left leg. He is using a front wheel walker again for ambulation. The patient rates his pain 8/10 today; at best 7/10, at worst 10/ 10 without his medications. He states he has been having chronic neck pain and headaches. The examination shows limited range of motion in the low back. Right and left straight leg raise are both 80 causing some left sided back pain, but non-radiating. He exhibits difficulty trying to ambulate on his toes and heels with the left lower extremity. Deep tendon reflexes are +1 at the knees and ankles. Bilateral knee exam reveals obvious swelling in both knees. Stability tests reveal some laxity in all planes, consistent with knee replacements. The utilization review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline HCL 100mg #30: Overturned

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 Page(s): 13-15.

Decision rationale: MTUS guidelines on antidepressants state that they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes and use of other analgesic medication, sleep quality and duration and psychological assessment. The record show that the patient was prescribed sertraline on 12/23/2013. The 03/13/2014 report notes, "He finds all the medicines helpful and he reports 50% functional improvement with the medications versus not taking them at all." In this case, the treater reports medication efficacy and MTUS supports the use of antidepressants as first line treatment for neuropathic and non-neuropathic pain. As such, the request is medically necessary.

Sumatriptan Succinate 100mg #9: Overturned

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

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

Decision rationale: ODG guidelines on triptans states that it is recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. The record show that the patient has not tried sumatriptan in the past. The 01/30/2014 report documents a diagnosis of migraine headaches. Given the patient's diagnosis, a trial of sumatriptan is reasonable. As such, the request is medically necessary.