

Case Number:	CM14-0037728		
Date Assigned:	06/25/2014	Date of Injury:	02/04/2002
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Nevada. 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 44-year-old female who was reportedly injured on 2/4/2002. The mechanism of injury was noted as a low back injury while entering a bus driver seat. The claimant underwent a lumbar microdiscectomy on 4/14/2002. The most recent progress note dated 3/17/2014, indicates that there were ongoing complaints of neck, back and left lower extremity pains. Physical examination demonstrated no deformity or scoliosis noted with a slouched posture and slow antalgic gait without a device, spinal tenderness and decreased range of motion (ROM) of torso. MRI of the lumbar spine, dated 9/4/2012, showed multi-level degenerative disc disease without significant spinal stenosis, mild to moderate left foraminal stenosis at L5-S1, surgical changes consistent with a left sided laminectomy at L5-S1. MRI of the cervical spine, dated 11/27/2013, showed a small disc protrusion eccentric to the right at C4-C5 and two small broad based disc protrusions at C5-C6 and C6-C7. Diagnoses were lumbar & cervical radiculopathy, degenerative facet disease, post laminectomy syndrome, myofascial pain syndrome and depression. Previous treatment included physical therapy, epidural steroid injections, and medications to include OxyContin 40 mg, Roxicodone 30 mg, Cymbalta 60 mg, gabapentin 300 mg, Lidocream 4% and Ambien at bedtime. A request was made for nortriptyline 25 mg #60 no refills and Anecream 4% #30 no refills, which were not certified in the utilization review on 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Nortriptyline 25mg no refills: Overturned

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

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

Decision rationale: The CA MTUS supports the use of antidepressants in chronic pain management. The guidelines specifically recommend tricyclic anti-depressants as a first-line agent, unless they are ineffective, poorly tolerated or contraindicated. Nortriptyline is a tricyclic antidepressant, and when noting the additional clinical data not presented at the time of the initial review, the request is considered medically necessary.

Pharmacy purchase of Anecream 4% #30 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: CA MTUS supports the use of topical lidocaine (Anecream) for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. The MTUS supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, there was no objectified efficacy or utility with this topical preparation. As such, this is not medically necessary.