MAXIMUS Federal Services

Case Number:	CM14-0057753		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2013
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 42-year-old male who reported an injury on 08/06/2013, after being involved in a motor vehicle accident. On 10/02/2013, the injured worker underwent an MRI of the thoracic spine that revealed non-acute T8 and T11 compression fractures, C3-4 and C4-5 disc bulge or protrusions. It was noted that the MRI of the lumbar spine was unremarkable. On 05/05/2014, the injured worker complained of multiple symptoms. It was noted that the injured worker's pain had become worse, and he had received spinal injection on 04/11/2014. It was reported that the injured worker noticed modest improvement with back symptoms for a few days before the pain gradually returned to the previous level. The diagnoses included multiple contusions and strains, chronic pain involving multiple body parts due to multiple contusions and strains and post concussion syndrome and impaired vision in the right eye and PTSD. The medications included Hydrocodone/Acetaminophen 10/325 mg and Amitriptyline HCl 25 mg. The treatment plan included for decision on Hydrocodone/Acetaminophen 10/325 mg #30 and Amitriptyline HCl 25 mg #60. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #30: 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 Opioids, criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for prescription of Hydrocodone/APAP 10/325 mg #60 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the criteria for use of ongoing management of opioids include ongoing view and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker complained of multiple symptoms. It was noted that the injured worker had chiropractic treatment and physical therapy however; there was no documented evidence of the outcome measures or functional improvement. In addition, there was no urine drug screen submitted for the injured worker to indicate opioids compliance while being on the opiate and the request does not include frequency. Given the above, the request of Hydrocodone/APAP 10/325 mg #30 is not medically necessary.

Amitriptyline HCL 25mg, #60: 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 Amitriptyline page(s) 13 Page(s): 13.

Decision rationale: The request for Amitriptyline is non-certified. California Medical Treatment Utilization Schedule (MTUS) Guidelines Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The documentation that was submitted on 05/05/ 2014 had lack of evidence of the injured worker psychotherapy progression or the efficacy t of the medication. In addition, the request did not include frequency. Given the above, the request for Amitriptyline HCL 25 mg is not medically necessary.