

Case Number:	CM14-0069148		
Date Assigned:	07/14/2014	Date of Injury:	05/31/2011
Decision Date:	10/07/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 records presented for review indicate that this 56-year-old female was reportedly injured on May 31, 2011. After a thorough review of the medical records available, the mechanism of injury was not evident. The most recent progress note, dated May 14, 2014, indicates that there are ongoing complaints of low back pain radiating down the bilateral lower extremities with numbness and tingling. There were complaints of spasms in the lumbar spine. Pain is rated at 9/10 without medications and 8/10 with medications. The physical examination demonstrated pain with lumbar spine range of motion. There was decreased sensation at the L5 dermatome in the left lower extremity. Tenderness was noted in the right elbow and in the bilateral feet. There were positive findings of 16 out of 18 fibromyalgia tender points. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L5 - S1 contacting the right-sided S-1 nerve root. Previous treatment was not discussed. A request had been made for Amitriptyline, hydrocodone/APAP, tramadol and Enovax and was not certified in the pre-authorization process on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25 mg #30, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

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

Decision rationale: The California MTUS Guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment of neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication, however there is no reported significant benefit with the usage of this medication. As such, this request for amitriptyline is not medically necessary.

Enovarx - Ibuprofen 10 percent KitIG, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, this request for Enovarx - Ibuprofen is not medically necessary.

Hydrocodone Bit/apap 10/325 mg #30, Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the available medical records indicates pain is only improved from 9/10 to 8/10 with use of this medication and there is no documentation of improvement in activities of daily living. As such, this request for Norco is not medically necessary.

Tramadol 50 mg #30, Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records indicates pain is only improved from 9/10 to 8/10 with use of this medication and there is no documentation of improvement in activities of daily living. As such, the request for tramadol is not considered medically necessary.