

Case Number:	CM14-0077363		
Date Assigned:	07/18/2014	Date of Injury:	03/16/2000
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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 47-year-old individual was reportedly injured on 3/16/2000. The mechanism of injury was not listed. The most recent progress note, is the utilization review, dated 5/16/2014. It indicated that there were ongoing complaints of neck, back, and left upper extremity pains. The physical examination demonstrated the patient has extensive burn scars on the left arm extending to the entire dorsal surface of the hand and all digits. There was also partial loss of the small finger. The ring finger was excessively bulky from the groin flap. No focal tenderness on the dorsal aspect of the left hand where the graft was performed. No recent diagnostic studies are available for review. Previous treatment included multiple surgeries, medications, and conservative treatment. A request had been made for Elavil 100 mg #30, Naprosyn 500 mg #30, Prilosec 20 mg #30, lumbar back brace and was not certified in the pre-authorization process on 5/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (acute and chronic).

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

Decision rationale: 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. After review of the medical documentation provided, there was no subjective or objective clinical findings suggestive of neuropathic pain. Therefore, this request is considered not medically necessary.

Naprosyn 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

Decision rationale: Naproxen is recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs (non-steroidal anti-inflammatory). It is recommended as an option. After reviewing the medical records provided, it was determined there was a diagnosis of osteoarthritis associated with this injured worker. Therefore, this request is deemed not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

One replacement lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: ACOEM treatment guidelines do not support the use of a Lumbar Sacral Orthosis (LSO) or other lumbar support devices for the treatment or prevention of low back pain, except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.