

Case Number:	CM14-0079025		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2008
Decision Date:	08/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/29/2014

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 56 year old male with date of injury 11/1/08. The treating physician report dated 4/21/14 indicates that the patient presents with chronic pain affecting the left knee, right knee, lower back, mid back, upper back, neck, anxiety, insomnia, hypertension and abdomen pain from constipation. Current medications listed are: Transdermal Creams, Amitriptyline, Naproxen, Tramadol, Omeprazole, Losortan, Atenolol, Statin and Aspirin. The current diagnoses are: Post op bilateral knees/ Failed Surgery, Lumbar facet syndrome, Cervico-Brachial syndrome, Thoracic muscle spasms, Hypertension, Probable post traumatic insomnia, Anxiety, and GI distress. The utilization review report dated 4/30/14 denied the request for Transdermal Cyclobenzaprine/Gabapentin and modified the request for Anaprox and Amitriptyline based on the MTUS guidelines. The modification for the Anaprox and Amitriptyline was the same as the requested amount.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Cyclobenzaprine/Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The patient presents with chronic neck, back and bilateral knee pain. The current request is for Transdermal Cyclobenzaprine/Gabapentin. The patient is status post failed bilateral arthroscopy of the knees. The MTUS Guidelines do not support any topical analgesics that contain muscle relaxants and Gabapentin is not recommended. Recommendation is made for denial of Transdermal Cyclobenzaprine/Gabapentin cream.

Anaprox 550 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, page 22 and NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), page 67,68.

Decision rationale: The patient presents with chronic neck, back and bilateral knee pain. The current request is for Anaprox 550 mg #90. The treating physician has prescribed Anaprox for joint and tissue inflammation. MTUS does recommend NSAIDs for first line treatment to reduce pain. There is no information reported that the patient is suffering from any side effects from this medication. Recommendation is for authorization.

Amitriptyline 10 mg at bedtime: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, page 13.

Decision rationale: The patient presents with chronic neck, back and bilateral knee pain. The current request is for Amitriptyline 10 mg at bedtime. The treating physician report dated 4/21/14 states, "Amitriptyline / Elavil RX today for neuropathic pain. Starting dose 10mg HS." The MTUS Guidelines support Amitriptyline, a tricyclic antidepressant. This request appears to be an initial prescription and was authorized in the utilization review report dated 4/30/14. Recommendation is for authorization.

