

Case Number:	CM14-0079994		
Date Assigned:	07/18/2014	Date of Injury:	01/23/2013
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 33-year-old male who reported an injury on 01/23/2013. The mechanism of injury was not stated. The current diagnoses include status post lumbar fusion, chronic back pain, insomnia, and lumbar radiculopathy. A Request for Authorization form was submitted on 05/07/2014 for refills of imipramine 100 mg, Norco 10 mg, and Soma 350 mg. The injured worker was evaluated on 05/07/2014 with complaints of persistent pain. The injured worker was reportedly pending authorization for physical therapy. Previous conservative treatment includes medication management. The injured worker also underwent a lumbar fusion in 12/2013. The current medication regimen includes Celebrex, Cymbalta, imipramine, Norco, Restoril, and Soma. Physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10MG #120 REFILLED 5/7/14: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

IMIPRAMINE 100MG #30 3 REFILLS REFILLED 5/7/13: 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 Page(s): 13-16.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. The injured worker has continuously utilized this medication for an unknown duration. It is also noted that the injured worker utilizes Cymbalta 60 mg. The medical necessity for 2 separate antidepressants has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

SOMA 350MG #90 REFILLED 5/7/14: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no physical examination provided on the requesting date. There is no evidence of palpable muscle spasm or spasticity. Muscle relaxants are not recommended for long term use. There is also no frequency listed in the request. As such, the request is not medically necessary.