

Case Number:	CM14-0085267		
Date Assigned:	07/23/2014	Date of Injury:	02/22/2012
Decision Date:	10/02/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/07/2014

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 53-year-old gentleman was reportedly injured on February 22, 2012. The mechanism of injury is listed as a motor vehicle accident. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of back pain and neck pain as well as ringing in the ears. Current medications include Tramadol, Amitriptyline, and Relafen. Pain is rated at 8/10 without medication and 4/10 with medication. These medications were stated to help the injured employee remain active and be functional as well as work full time and carry out activities of daily living. The physical examination demonstrated tenderness along the lumbar and cervical spine paraspinal muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar discectomy and oral medications. A request had been made for Amitriptyline, Relafen, and tramadol and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Amitriptyline 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline and Specific Antidepressants Page(s): 13 and 15.

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

Decision rationale: The California MTUS Guidelines Support the use of tricyclic antidepressants in chronic pain management and consider tricyclic medications a first-line option in the treatment of neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication; however, the medical record submitted does not contain findings of neuropathic pain. As such, this request for amitriptyline is not medically necessary.

Retrospective Request for Relafen 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs and Nabumetone (Relafen, Generic Available) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen (r)) Page(s): 72.

Decision rationale: Relafen is a nonselective, non-steroidal anti-inflammatory medication with an indication for osteoarthritis per MTUS treatment guidelines. When noting the injured employees' clinical presentation and current diagnosis, there is no clinical indication for the use of this medication. As such, this request for Relafen is not medically necessary.

Prospective Request for Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 82 and 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of the 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 fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.