

Case Number:	CM14-0086799		
Date Assigned:	07/23/2014	Date of Injury:	11/21/2002
Decision Date:	09/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 Pain Medicine and is licensed to practice in New York. 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 63 year old male who sustained an injury on 11/21/02 when he fell out of a chair that broke. The injured worker developed complaints of pain in the right hip and low back. The injured worker has had an extensive surgical history to include a total hip replacement with revision. The injured worker appears to have had multiple procedures for the left hip replacement due to infection with the most recent hip replacement procedures in the left hip completed in December of 2010. Medication management has included the use of Vicodin as well as Lyrica. The clinical report from 04/16/14 noted ongoing complaints in the low back radiating to the right hip and foot. The injured worker was being prescribed Lyrica 200mg 3 times daily and Imipramine 15mg. The injured worker did report improvement in pain with medications; however, pain was exacerbated with prolonged sitting, standing or any weightbearing. Physical examination noted tenderness to palpation in the lumbar region as well as over the right sacroiliac joint. There was a noted leg length discrepancy with the right lower extremity being 7.5cm shorter than the left. Further epidural steroid injections as well as electrodiagnostic studies were recommended. The requested prescription for Imipramine as well as Toradol 60mg injection was denied by utilization review on 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Imipramine HCL.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Imipramine. (2013). In Physicians' desk reference 67th ed.

Decision rationale: It is noted in the prior utilization report from 05/21/14 that this medication was modified for a quantity of 60. The request was not specific in terms of frequency, quantity, duration or dose. The request is nonspecific. As such, the request is not medically necessary and appropriate.

One prescription for Toradol 60mg injection.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroid Injections.

Decision rationale: The injured worker does not present with any clear objective findings regarding lumbar radiculopathy to support corticosteroid injections. From the ODG, corticosteroid injections are not recommended in the treatment of chronic pain and there should be objective findings consistent with lumbar radiculopathy to support the use of this modality. As this was not clearly evident in the clinical documentation submitted for review, the request is not medically necessary and appropriate.