MAXIMUS Federal Services

Case Number:	CM14-0093460		
Date Assigned:	07/25/2014	Date of Injury:	02/07/1997
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 female who reported an injury on 02/07/1997. The mechanism of injury was the injured worker strained her back and right arm putting up signs at a shopping mall. The documentation indicated the injured worker was utilizing opiates since at least 12/2013. The prior treatments were noted to include medications, aquatic therapy and trigger point injections. The documentation of 01/10/2014 revealed the injured worker had been utilizing Relpax 40 mg tablets 1 tablet as needed, Nortriptyline Hydrochloride 25 mg tablets 3 at night, Skelaxin 800 mg tablets 1 daily as needed, and Cyclobenzaprine 7.5 mg 1 to 2 tablets as needed. The documentation of 05/09/2014 revealed the injured worker had bilateral neck pain low back pain. The documentation indicated in order to treat the injured worker's continued pain and dysfunction, there was a request to increase the Relpax to 30 per month, as it was indicated the injured worker had 6 to 8 migraines per month and needed 2 to 3 Relpax per episode. There was documentation indicating there would be an addition of Elavil for increasing depression and associated sleep disturbance, and there was a request for land physical therapy 2 times a week for 4 weeks. The documentation indicated the injured worker's pain was worse now, less controlled by medications, and she continued to need a refill of her analgesic medications. The injured worker indicated the pain medications provided 50% relief or more, allowing for an increased exercise capacity with no untoward side effects and no evidence of abuse or aberrant drug abuse. The injured worker indicated the Amitriptyline was useful, given the history of sleep disturbance and neuropathic pain. Additionally, it was indicated an anti-inflammatory medication should be resumed and a muscle relaxant taken if the injured worker had spasmodic discomfort. The diagnoses included cervical disc degeneration, lumbar or lumbosacral disc degeneration, and encounter for long term use of other medications. The injured worker had cervical and lumbar trigger points with positive twitch sign, no referred radicular pain, but referred myofascial pain

upon palpation. The treatment plan included a continuation of medications and a urine drug screen. There was a detailed Department of Worker's Compensation form Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Northriptyline 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. The clinical documentation submitted for review indicated the injured worker had utilized antidepressants since at least 01/2014. The documentation indicated the medication should a useful medication, as the injured worker had sleep disturbance and neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for nortriptyline 25 mg #60 is not medically necessary. The clinical documentation submitted for review indicated the injured worker had worsening depression.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opiates as of at least 12/2013. The documentation indicated the injured worker had objective functional benefit, an objective decrease in pain, and that the injured worker was being monitored for aberrant drug behavior and side effects. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 50 mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less 3 weeks. There should be documentation of objective functional improvement. The duration of use was at least since 01/2014. The clinical documentation submitted for review indicated the injured worker was utilizing 2 antispasmodics. There was a lack of documentation indicating a necessity for 2 antispasmodics. There was a lack of documentation indicating the frequency for the requested medication. Given the above, the request Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Relpax 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Official Disability Guidelines indicate that triptans are recommended for the treatment of migraine headaches. The duration of use was at least since 01/2014. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Relpax 40 mg #30 is not medically necessary.