MAXIMUS Federal Services

Case Number:	CM14-0201060		
Date Assigned:	12/11/2014	Date of Injury:	03/17/2004
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine 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 (IW) is a 53-year-old woman with a date of injury of March 17, 2004. The mechanism of injury was not documented in the medical record. The current working diagnoses are chronic right extremity pain, negative EMG nerve conduction studies in the past; possible lateral epicondylitis, negative response to epicondyle injections in the past; chronic left mid to upper lumbar pain, disc protrusion at L5-S1; neck and upper extremity pain, negative MRI of the cervical spine December 2007; depression and anxiety due to chronic pain; and mild increased liver function test. Pursuant to the Primary Treating Physician's Progress Report dated October 23, 2014, the IW was last seen on August 28, 2014. She continues to complain of persistent neck pain, low back pain, and upper extremity pain. She is requesting refills of medications and is hoping to receive a request for Botox injection for her low back to try. Objective findings indicate no significant change. Current medications include Tramadol 50mg, Relafen 750mg, Prilosec 20mg, Pristiq 100mg, Zyprexa, and Amitriptyline 10mg. Documentation indicates the IW has been taking Amitriptyline since at least May 13, 2014 according to a progress note with the same date. There are no pain assessments and no evidence of objective functional improvement associated with the long-term use of Amitriptyline. According to an initial utilization report dated August 19, 2014, Cymbalta 60mg #30 with 2 refills was non-certified with warning that in order for this medication to be considered for certification on the subsequent review, evidence of objective functional improvement as a result of this medication and documentation of medical necessity will be required, including a significant decrease in pain levels and a significant increase in the injured worker's ability to function due to the medication. The current request is for Botox injections 300 units to the lower back, and Amitriptyline 10mg #60 with 4 refills. The IW is permanent and stationary and will be seen again in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg #60 with 4 refills: 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); Pain Section, Anti-Depressants.

Decision rationale: Pursuant to the Official Disability Guidelines, amitriptyline 10 mg #60 with four refills is not medically necessary. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and is a possibility non-neuropathic pain. In this case, the injured worker's working diagnoses are chronic right upper extremity pain; possible right epicondylitis; chronic left mid to upper lumbar pain, disc protrusion at L5 - S1; the upper extremity pain; depression and anxiety due to chronic pain; and mildly increased liver function test. The documentation indicates the injured worker was taking amitriptyline as far back as May 13, 2014. The documentation indicates she has prescription for Amitriptyline. There is no documentation of objective functional improvement for the ongoing use of amitriptyline. There are no compelling clinical facts supporting the ongoing use of amitriptyline. The present request is for an additional four refills over and above amitriptyline 10 mg #60. Consequently, absent the appropriate clinical documentation to support the ongoing use of Amitriptyline, Amitriptyline 10 mg #60 with four refills is not medically necessary.

Botox injection 300 units lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: Pursuant to the Official Disability Guidelines, Botox injection 300 units to the lower back are not medically necessary. Botox is not recommended for most chronic pain conditions. It is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Treatment for low back pain is understudy. It is recommended for cervical dystonia. In this case, the injured worker's working diagnoses are chronic right upper extremity pain; possible right epicondylitis; chronic left mid to upper lumbar pain, disc protrusion at L5 - S1; the upper extremity pain; depression and anxiety due to chronic pain; and mildly increased liver function test. The documentation indicates the injured worker has persistent neck pain, low back pain upper extremity pain. However, there is no documentation the injured worker has cervical dystonia or any other clinical indication for

Botox. Consequently, absent the appropriate clinical indication, Botox injection 300 units to the lower back are not medically necessary.