MAXIMUS Federal Services

Case Number:	CM15-0102381		
Date Assigned:	06/04/2015	Date of Injury:	04/14/2003
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old female, who sustained an industrial injury on 04/14/2003. According to a progress report dated 04/13/2015, the injured worker reported stabbing-like pain in the left side of her back that continued to shoot down her left leg with severe cramps, burning sensation. She continued to work as a pastor at a local church. She could not function without pain medications. Pain was rated 8 on a scale of 1-10. At best, pain was rated 4 with medications and 10 without medications. She reported a 50 percent reduction in pain and 50% functional improvement with activities of daily living with medications versus not taking them at all. Impression included: 1. back pain, left radicular symptoms. MRI revealing disc herniation at L5-S1 with neurogenic claudication, leg gramps, neuropathic pain in the left lower extremity. 2. Insomnia due to pain. 3. Dyspepsia from medications. 4. Nonindustrial restless leg syndrome. The treatment plan included Nucynta as needed for pain, Mobic for inflammation, Zanaflex for back spasms, leg cramps and neurogenic claudication and Elavil for neuropathic pain. The injured worker was under a narcotic contract. Urine drug screens had been appropriated. According to documentation submitted for review, utilization of Mobic and Elavil by the injured worker dates back to 02/05/2014. Currently under review is the request for Mobic and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloxicam), Non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines: Pain interventions and treatments Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured back in 2003. There is still back pain. The pain is reported as 4 with medicine and 10 without. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Although there is subjective pain improvement, without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.

Elavil 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline (Elavil), Tricyclic Antidepressants.

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, under Antidepressants.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.