

Case Number:	CM15-0149487		
Date Assigned:	08/12/2015	Date of Injury:	07/19/2014
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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, New York, 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 applicant is a represented 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 19, 2014. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for Elavil and a lumbar traction device. The claims administrator referenced an office visit and an associated RFA form of July 8, 2015 in its determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of low back pain with associated bilateral sciatic symptoms. Applicant had had apparently developed side effects and/or intolerance on both the Neurontin and Sulindac. 6-8/10 pain complaints were reported. The applicant was given a rather proscriptive 15-pound lifting limitation. It was suggested in section of the note that the applicant was not working with said limitation in place. Elavil was endorsed on a trial basis. The applicant was also asked to pursue a traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Elavil 25 MG Qty #90: Overturned

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

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

Decision rationale: Yes, request for Elavil (Amitriptyline), a tricyclic antidepressant, was medically necessary, medically appropriate, and indicated here. As noted Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, Elavil, a tricyclic antidepressant, does represent a first-line treatment for chronic pain, as was present here in the form of the applicant's chronic sciatic pain complaints. The attending provider framed the request for Elavil as a first-time request for the same, introduced on or around July 8, 2015. Introduction of Elavil was indicated, given: (a) the favorable MTUS position on the same; and (b) the attending provider's reports that previously prescribed Neurontin and Sulindac had been poorly tolerated. Therefore, the request was medically necessary.

DME Purchase of Lumbar Traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Conversely, the request for a lumbar traction device was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, table 12-8, page 308 notes that traction, the modality at issue, is deemed "not recommended" in the evaluation and management of applicants with low back pain complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the request for a traction device [purchase] on the date in question, July 8, 2015, thus, ran counter to both the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 and to the philosophy set forth on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ passive modalities sparingly during the chronic pain phase of treatment. Therefore, the request was not medically necessary.