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| Case Number: | CM15-0190803 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 08/31/2011 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 8-11-2011. She reported feeling a pop in the low back and inability to move from repetitive activity. Diagnoses include lumbar discogenic pain, annular tear with disc protrusion, and myofascial pain. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, she complained of ongoing low back pain. The lumbar spine MRI dated 6-11-15, was noted to reveal annular tears at L4-5 and L5-S1, with no disc herniation and no neural structure compression. It was noted that Celebrex was previously denied. On 7-31-15, the physical examination documented lumbar tenderness and a negative straight leg raise. The provider documented on 7-8-15 that medication decreased pain level from 9-10 out of 10 CVAS to 2-3 out of 10 VAS and allowed for functional ability and work full time. The medical records documented Norco, Elavil and Neurontin had been prescribed since January 2015, however due to inability to obtain medications, the use was inconsistent and efficacy was not documented consistently. The plan of care included continuation of medication management. The appeal requested authorization for Elavil 10mg #60, Neurontin 300mg #60, and Celebrex 200mg #30. The Utilization Review dated 8-27-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline.

Decision rationale: The patient presents with ongoing low back pain. The current request is for Elavil 10mg #60. The treating physician states, in a report dated 09/10/15, "I gave her a written prescription for amitriptyline 10 mg #60 with one refill". (7A) The MTUS guidelines state, "Recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." In this case, the treating physician based on the records available for review, states Pain levels before medication are a 9/10. After medication it is a 5/10. ADLs with the medications, she is able to continue to work full time with restrictions. Adverse side effects "no adverse side effects." (7A) This medication has been prescribed previously, functional improvement has been noted, and the patient is tolerating the medication well. The current request is medically necessary.

Neurontin 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with ongoing low back pain. The current request is for Neurontin 300mg #60. The treating physician states, in a report dated 09/10/15, "I gave her a written prescription for Neurontin 300 mg #60 with one refill". (7A) The guidelines state, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the treating physician based on the records available for review, states Pain levels before medication are a 9/10. After medication it is a 5/10. ADLs with the medications, she is able to continue to work full time with restrictions. Adverse side effects "no adverse side effects." (7A) additionally, the patient has ongoing low back pain with intermittent radiating symptoms down the bilateral lower extremities and myofascial pain, lumbar spine. This medication has been prescribed previously, functional improvement has been noticed, and the patient is tolerating the medication well. The current request is medically necessary.

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with ongoing low back pain. The current request is for Celebrex 200mg #30. The treating physician states, in a report dated 09/10/15, "I gave her a written prescription for Celebrex 200 mg #30 with one refill." (7A) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case the treating physician has indicated that the patient has decreased pain with increased function while on medications and MTUS supports the usage of Celebrex. This medication has been prescribed previously, functional improvement has been noticed, and the patient is tolerating the medication well. The current request is medically necessary.