MAXIMUS Federal Services

Case Number:	CM15-0191839		
Date Assigned:	10/05/2015	Date of Injury:	05/11/1998
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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 55 year old male, who sustained an industrial injury on 5-11-1998. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar radiculopathy, right knee pain, headaches, anxiety, depression, erectile dysfunction, status post spinal cord stimulator implant, history of suicidal ideation with abrupt cessation of medications, and deep vein thrombosis (diagnosed 4-2014) on chronic Coumadin. Treatment to date has included diagnostics, lumbar spinal surgery in 2009, and medications. Currently (9-02-2015), the injured worker complains of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, accompanied by weakness (complains of "increase left leg weakness"), and bilateral knee pain. Pain was rated 8 out of 10 with medication and 9 out of 10 without (unchanged from 8-05-2015). His pain was reported as "worsened since his last visit". The treating physician documented that medications were being "denied and not dispensing on timely manner". He reported medication related gastroesophageal upset, reporting frequent and moderate nausea and having "withdraw from medications", reporting weakness and fall. Limitations in activities of daily living due to pain was rated 10 out of 10 (unchanged from 8-05-2015). A review of symptoms noted recent ER visit due to right lower extremity deep vein thrombosis. Physical exam noted a slow antalgic gait with use of a walking stick, and right foot brace-prosthesis. Exam of the lumbar spine noted tenderness to palpation, "moderately limited" range of motion due to pain, decreased sensitivity along the L4-S1 dermatomes in the bilateral lower extremities, "decreased strength" along the L4-S1 dermatomes in the bilateral lower extremities, and left foot drop. Exam of the lower extremities

noted tenderness to palpation at the right knee and left foot, mild swelling, discoloration of the right lower extremity, and atrophy in the right leg and knee. Also noted was tenderness to palpation at the superior lumbar spine lead anchor site and mild allodynia at skin. His work status was total temporary disability. The treating physician documented long-term regular use of nonsteroidal anti-inflammatory drugs, acetaminophen, "or other medications which may affect the kidneys and-or liver". His current medications included Amitriptyline (since at least 4-15- 2015), Gabapentin, Lidocaine patch, Omeprazole, Warfarin, Viagra, and Effexor. He was prescribed Hydrocodone-APAP and Tylenol #4 was discontinued. A progress report (9-14-2015 Primary Treating Physician's Initial Evaluation, Review of Medical Records) noted alcohol usage as "moderate". The treatment plan included Viagra, Amitriptyline (Elavil) HCL 75mg #30, Warfarin, Venlaxafine, Prilosec, and a comprehensive metabolic panel (date-results unspecified of prior testing). On 9-24-2015, Utilization Review non-certified the requested CMP and modified the requested Amitriptyline 75mg to #24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline (Elavil) HCL 75mg #30: Upheld

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

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. This claimant was injured in 1998, now about 18 years ago. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is 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 not medically necessary.

One comprehensive metabolic panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nhlbi.nih.gov/health/health- topics/topics/bdt/.

Decision rationale: As shared, the injury was from about 18 years ago. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. The request is not medically necessary under the medical sources reviewed.