

Case Number:	CM15-0021386		
Date Assigned:	02/10/2015	Date of Injury:	10/17/2001
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old woman sustained an industrial injury on 10/17/2001. The mechanism of injury was not detailed. Current diagnoses include postlaminectomy syndrome to the lumbar region and backache. Treatment has included oral medications. Physician notes dated 12/3/2014 show a routine follow up appointment without a detailed physical examination. A request was made for a HELP evaluation. It is noted that the worker has previously undergone unsuccessful methods of treating her chronic pain, however, they are not listed or detailed. On 1/14/2015, Utilization Review evaluated a prescription for full day HELP evaluation that was submitted on 2/4/2015. The UR physician noted there is no evidence that previous methods of treating chronic pain have not been successful, no documentation that the worker had a significant loss of ability to function or a motivation change. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 full day HELP evaluation one time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: The patient is a 41 year old female with a date of injury of 10/17/2001 who had a laminectomy. The patient had office visits at the HELP pain center on 03/5/2014, 05/29/2014, 11/26/2014 and 12/03/2014 with no documentation of activities of daily living, pain measurement, range of motion, strength testing or appropriate history or physical exam. There was no history or examination with reference to functionality. Urine drug testing was done on 11/26/2014 that was negative. She has been treated with the same dose of Amitriptyline, Gabapentin and Ibuprofen. There is no documentation of any efficacy measurement or history in these office visits. Now the request is for an evaluation for a HELP multispecialty functional restoration program. First, MTUS notes that it is difficult to ascertain which patients should enter such a program and that data on returning patients to their vocation is poor. This patient has had no evaluation during regular office visits and using the same program for further evaluation (HELP pain center) is not supported since the previous documentation is not standard of care. There is no data to support continuing a multispecialty HELP program when the office visits are not standard of care and have no data on functionality, range of motion or strength.

1 prescription of Amitriptyline HCL 25mg #90 with 3 refills: Upheld

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

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

Decision rationale: MTUS notes that Amitriptyline is a tricyclic antidepressant medication. The patient is a 41 year old female with a date of injury of 10/17/2001 who had a laminectomy. The patient had office visits at the HELP pain center on 03/5/2014, 05/29/2014, 11/26/2014 and 12/03/2014 with no documentation of activities of daily living, pain measurement, range of motion, strength testing or appropriate history or physical exam. There was no history or examination with reference to functionality. Urine drug testing was done on 11/26/2014 that was negative. She has been treated with the same dose of Amitriptyline, Gabapentin and Ibuprofen. There is no documentation of any efficacy measurement or history in these office visits. Continued refills of the requested medication is not supported by the office note data; efficacy is not supported. There is no documentation of depression. Amitriptyline is not medically necessary for this patient.

Gabapentin 600mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The patient is a 41 year old female with a date of injury of 10/17/2001 who had a laminectomy. The patient had office visits at the HELP pain center on 03/5/2014, 05/29/2014, 11/26/2014 and 12/03/2014 with no documentation of activities of daily living, pain measurement, range of motion, strength testing or appropriate history or physical exam. There was no history or examination with reference to functionality. Urine drug testing was done on 11/26/2014 that was negative. She has been treated with the same dose of Amitriptyline, Gabapentin and Ibuprofen. There is no documentation of any efficacy measurement or history in these office visits. MTUS guidelines note that Gabapentin is used to treat diabetic neuropathy and post herpetic neuralgia. The patient does not have either of these conditions. Continued refills of the requested medication is not supported by the office note data; efficacy is not supported.

Ibuprofen 400mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67 - 69.

Decision rationale: The patient is a 41 year old female with a date of injury of 10/17/2001 who had a laminectomy. The patient had office visits at the HELP pain center on 03/5/2014, 05/29/2014, 11/26/2014 and 12/03/2014 with no documentation of activities of daily living, pain measurement, range of motion, strength testing or appropriate history or physical exam. There was no history or examination with reference to functionality. Urine drug testing was done on 11/26/2014 that was negative. She has been treated with the same dose of Amitriptyline, Gabapentin and Ibuprofen. There is no documentation of any efficacy measurement or history in these office visits. MTUS guideline note that long term NSAID treatment is not recommended. NSIDS are associated with GI, renal and cardiovascular adverse effects and decrease soft tissue healing. Also, there is no measurement of efficacy in this patient. Continued refills of the requested medication is not supported by the office note data; efficacy is not supported.