

Case Number:	CM15-0022800		
Date Assigned:	02/12/2015	Date of Injury:	02/17/1991
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 59-year-old female who reported an injury on 02/19/1991. The mechanism of injury was not stated. The current diagnoses include cervicalgia, cervical spondylosis, cervical degenerative disc disease, cervical postlaminectomy syndrome, lumbosacral spondylosis, and chronic use of opiate drugs. The injured worker presented on 01/15/2014 for a follow up evaluation with complaints of persistent neck pain, stiffness, muscle spasm, and tenderness. It was noted that the injured worker had been previously treated with facet joint injections and was status post cervical radiofrequency ablation in 05/2014. The injured worker was utilizing Restoril 15 mg, Flexeril 15 mg, tramadol 50 mg, amitriptyline 50 mg, and gabapentin 300 mg. Upon examination, there was moderate tenderness to palpation of the cervical spine with spasm, moderate tenderness to deep palpation of the upper trapezius areas bilaterally, and a poor posture. Recommendations at that time included continuation of the current medication regimen as well as the home exercise program. A Request for Authorization form was then submitted on 01/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Gabapentin 300mg caps #90; 1 cap po tid 30 day fill for cervical and lumbar spine nerve pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 08/2014. There was no documentation of objective functional improvement despite the ongoing use of this medication. Therefore, the current request for gabapentin 300 mg would not be supported. As such, the request is not medically appropriate.

Amitriptyline HCL 50mg tabs #30; 1 tab po qhs; 30 day fill for depression: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. However, it was noted that the injured worker has utilized this medication since at least 08/2014. There was no documentation of objective functional improvement. Therefore, the ongoing use of amitriptyline HCL 50 mg would not be supported. As such, the request is not medically appropriate at this time.

Tramadol HCL 50mg tab #120; 1 tab po q6h for cervical and lumbar spine pain 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of nonopioid analgesics. There was no evidence of a written consent or agreement for chronic use of an opioid. The injured worker has utilized the above medication since at least 08/2014 without any evidence of objective functional improvement. Additionally, previous urine toxicology reports documented evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate.

Restoril 15mg caps #30; 1 cap po qhs for sleep due to cervical and lumbar spine pain; 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has utilized the above medication since at least 08/2014. The guidelines do not support long-term use of benzodiazepines. The injured worker does not maintain a diagnosis of insomnia disorder. Given the above, the request is not medically appropriate.