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| Case Number: | CM15-0033739 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 05/16/2005 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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, Illinois

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 48 year old male, who sustained an industrial injury on 05/16/2005. The diagnoses have included lumbar radiculopathy, lumbar degenerative disc disease, low back pain, cervical degenerative disc disease, neck pain, and dysthymic disorder. Treatments have included lumbar epidural steroid injection, physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included a normal electrodiagnostic study on 10/27/2014. In a progress note dated 02/03/2015, the injured worker presented with complaints of chronic neck and low back pain. The treating physician reported the injured worker takes Amitriptyline for neuropathic pain, sleep, and depression and the Gabapentin helps specifically with numbness and pain. Utilization Review determination on 02/12/2015 non-certified the request for Elavil 25mg #60 and modified the request for Neurontin 600mg #90 to Neurontin 600mg #12 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 05/16/2005. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar degenerative disc disease, low back pain, cervical degenerative disc disease, neck pain, and dysthymic disorder. Treatments have included lumbar epidural steroid injection, physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. The medical records provided for review do not indicate a medical necessity for Neurontin 600mg #90. The records indicate the injured worker has been using this anti-epileptic medication for more than one year with benefit, but over the past two months, the pain appears to have been getting worse despite the continued use of this medication for neuropathic pain. The MTUS a good response to the use of Anti-epileptic drugs as 50% reduction in pain, and a moderate response as a 30% reduction. The MTUS recommends less than 30% reduction in pain as an indication for the following: (1) a switch to a different first-line agent or (2) combination therapy if treatment with a single drug agent fails.

Elavil 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion; Antidepressants for chronic pain Page(s): 8; 13-15.

Decision rationale: The injured worker sustained a work related injury on 05/16/2005. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar degenerative disc disease, low back pain, cervical degenerative disc disease, neck pain, and dysthymic disorder. Treatments have included lumbar epidural steroid injection, physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. The medical records provided for review do not indicate a medical necessity for Elavil 25mg #60. The MTUS recommends reassessing the outcome of treatment and to discontinue or modify treatment method if it is determined to not be effective. Elavil (Amitriptyline) is a tricyclic antidepressant recommended as a first line agent for treatment of neuropathic pain. The records indicate the injured worker had significant reduction in pain earlier the course of treatment with this medication, but the pain has since worsened the past two or more months, despite treatment with this s try-cyclic antidepressant.