

Case Number:	CM15-0036936		
Date Assigned:	03/05/2015	Date of Injury:	09/23/2011
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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

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 58-year-old male who sustained an industrial related injury on 9/23/11. The injured worker had complaints of neck pain and back pain. The injured worker also had complains of bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral arm pain, bilateral hand pain, bilateral finger pain, all associated with numbness and tingling. Left ankle pain, tooth pain radiating to the jaw, testicular pain, left inguinal pain with tingling, depression, irritability, sexual dysfunction, and difficulty with sleep were also noted. Diagnoses included chronic neck pain with multilevel disc herniation, chronic low back pain secondary to multilevel disc herniation with moderate to severe spinal stenosis, left wrist fracture post open reduction internal fixation on 9/29/11, left wrist carpal tunnel syndrome, tinea corpora's left forearm, fracture status post open reduction internal fixation, umbilical hernia, headache, anxiety, depression, insomnia, and sexual dysfunction secondary to pain and depression. Treatment included left wrist surgery in the form of hardware removal and decompression of the entrapped nerves in January 2014, a TENS unit, 13 sessions of chiropractic treatment, and 24 sessions of acupuncture. Medications included Cymbalta, Naprosyn, Lidocaine patches, and Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meclizine 12.5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse on Meclizine at www.guideline.gov, www.aafp.org on Antiemetics in the Ambulatory Setting, www.drugs.com and medicinenet.com.

Decision rationale: Meclizine or Antivert for oral use is indicated for the prevention and treatment of nausea, vomiting, and dizziness caused by motion sickness. The patient continues to treat for chronic symptoms for this chronic injury; however, submitted reports have no notation regarding any subjective complaints, clinical findings or diagnosis related to motion sickness to support for the use of this medication as it relates to the patient's injury. The submitted documents have not adequately addressed or demonstrated the indication for the necessity for this medication nor discussed its functional improvement from treatment rendered. The Meclizine 12.5 mg is not medically necessary and appropriate.

Elavil 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this chronic injury with chronic pain complaints. The patient is also prescribed concurrent Prozac and Cymbalta. The Prospective Request for Elavil 25mg #60 with 3 refills is not medically necessary and appropriate.