MAXIMUS Federal Services

Case Number:	CM15-0080736		
Date Assigned:	05/01/2015	Date of Injury:	09/29/2005
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 55-year-old male sustained an industrial injury to the neck and back on 2/19/05. Previous treatment included magnetic resonance imaging, lumbar fusion, epidural steroid injections, chiropractic therapy, massage, home exercise and medications. In the most recent request for authorization submitted for review, dated 1/21/15, the injured worker complained of neck pain with radiation to bilateral arms associated with numbness and tingling to bilateral fingers and back pain with radiation to the left buttocks and down bilateral legs associated with numbness and tingling. The injured worker rated his pain 6/10 on the visual analog scale. Current diagnoses included chronic lumbar spine radiculopathy, status post lumbar fusion, lumbar spine degenerative disc disease, multiple herniated nucleus pulposus of the lumbar spine, adjacent segment disease at L4-5, cervical spine degenerative disc disease with radiculopathy, multilevel cervical spine disc herniations with foraminal narrowing, oral intolerance to NSAIDS and lumbar spine facet arthropathy. The treatment plan included continuing home exercise, continuing medications (Norco, Prilosec, Capsaicin cream and Amitriptyline).

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Elavil 10 mg #30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. 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. Side effects from tricyclics should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The documentation does not indicate an increase in function, significant change in other analgesic medication or recent documentation of benefits of Elavil on patient's sleep. There is no psychological assessment available for review as recommended by the MTUS. The request for Elavil is not medically necessary.

2 topical compound creams (Capsaicin 0.05%, Cyclobenzaprine 4%): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: 2 topical compound creams (Capsaicin 0.05%, Cyclobenzaprine 4%) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other oral medications or treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine therefore this compound cream is not medically necessary.

Omeprazole (Prilosec) 20 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole (Prilosec) 20 mg # 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. The patient is no longer on NSAIDs. The request for Omeprazole is not medically necessary.