

Case Number:	CM14-0119859		
Date Assigned:	09/16/2014	Date of Injury:	04/09/2003
Decision Date:	10/21/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 58 year-old male was reportedly injured on April 9, 2003. The most recent progress note, dated July 3, 2014, indicates that there were ongoing complaints of low back, and lumbar radicular pain. The physical examination demonstrated tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions, and back pain with range of motion. Neurologic exam is intact. The gait is mildly antalgic. Diagnostic imaging studies are noted to include an MRI that revealed epidural scarring. Previous treatment includes a left L5-S1 discectomy, and a repeat L5-S1 discectomy in 2006. A request had been made for Flector patches #30 with 3 refills and Elavil 25 mg #30 with 5 refills and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30 with 3 refills: 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), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips, or shoulders. When noting the claimant's diagnosis, and the chronic use of this topical NSAID, this request is not considered medically necessary.

Elavil 25mg #30 with 5 refills: Upheld

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

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

Decision rationale: MTUS guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment of neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication. In the medical record indicates that the claimant has a chronic pain condition. While there may be a clinical indication for the use of this tricyclic medication for the patient's chronic pain, the medical record provides evidence that this medication has been utilized for months, and provides no objective evidence of functional gains with the use of this medication. In the absence of documentation of improvement noted with the chronic use of this medication, this request would not be considered medically necessary.

Norco 10/325mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: The record indicates that the claimant is suffering from a chronic pain condition related to his industrial incidents. This medication has been utilized since July 2012 with no documentation of objective evidence of functional gains with the ongoing use of this opioid medication. In the absence of such documentation, this request would not be considered medically necessary, and a recommendation would be made for #45 tablets for weaning, or until additional documentation is provided evidencing efficacy of the medication. Based on the information available, this request would not be considered medically necessary.