

Case Number:	CM14-0138282		
Date Assigned:	09/10/2014	Date of Injury:	11/24/1986
Decision Date:	10/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 74 year old female with an injury date of 06/30/14. The 05/01/14 report states that the patient presents with flared pain rated 5/10 in the lower back and the leg. Examination reveals tightness in the cervical spine and myofascial restrictions in the lumbar spine. The patient's diagnoses include: Status post lumbar fusion Rule out lumbar radiculopathy Emotional factors Status post lumbar surgery times 4 Chronic pain syndrome (03/11/14 report) Secondary Myofascial pain (03/11/14 report) Current medications are listed as Vicodin, Celebrex, Sinemet, Elavil, Flexeril and Neurontin. The utilization review being challenged is dated 06/30/14. The rationale regarding Carb/Levo is that there is no indication of complication to recovery, co-morbidity or extenuating clinical circumstances associated with neurological problems of Parkinson's disease to support use. Reports from 01/14 to 06/17/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carb/Levo Tab 25- 100mg Day Supply: Qty: 30 Refills: 5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: The National Library of Medicine, National Institutes of health
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601068.html>

Decision rationale: The patient presents with flared lower back and leg pain rated 5/10. The treater requests for Carb/Levo (Carbadopa-levodopa) Tab 25-100 mg Day supply: Qty 30, refills 5. MTUS and ODG do not discuss this medication. The National Library of Medicine, National Institutes of health states this medication is "used to treat the symptoms of Parkinson's disease and Parkinson's-like symptoms that may develop after encephalitis (swelling of the brain) or injury to the nervous system caused by carbon monoxide poisoning or manganese poisoning." Please see <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601068.html>. The treater states on 05/01/14 the patient notes a 37% reduction in pain with the current treatment plan which includes the medications Vicodin, Celbrex, Sinemet, Elavil, Flexeril and Neurontin. The treater does not discuss the efficacy and use specifically of this medication. It is also mentioned that the patient is doing reasonably well. In this case there is no discussion or diagnosis of Parkinson's or the other conditions noted above; therefore, the request is not medically necessary.

Amitriptylin Tab 25mg Day Supply: 20 Qty: 60 Refills: 1: 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 Anti-depressants Page(s): 13.

Decision rationale: The patient presents with flared lower back and leg pain rated 5/10. The treater requests for Amitriptyline (Elavil) tab 25 mg Day supply 20 Qty 60, refills 1. MTUS page 13 Anti-depressants in Chronic pain states this medication is recommended and as a tricyclic antidepressant is generally considered a first-line agent for neuropathic pain and as possibility for non-neuropathic pain. MTUS page 13 also states, "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." The treater does not discuss the use and efficacy of this medication specifically. On 05/01/14 the treater states the patient receives a 37% reduction from current treatment that lists a group of medications including this one. It is also stated that the patient is doing reasonably well. Reports provided show the medication has been used since at least 01/14/14. In this case, the reports provided do not discuss changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Therefore, the request is not medically necessary.