

Case Number:	CM14-0217474		
Date Assigned:	01/07/2015	Date of Injury:	11/11/2005
Decision Date:	03/30/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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, Arizona

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 45-year-old female who reported an injury on 11/11/2005. The mechanism of injury was not specifically stated. The current diagnoses include displaced cervical intervertebral disc and acquired torsion dystonia. The injured worker presented on 11/06/2014 for a followup evaluation. It was noted that the injured worker had completed a course of physical therapy. The injured worker had also been treated with facet blocks, epidural injections, medications, chiropractic treatment, yoga, ice therapy, and TENS therapy. The injured worker utilized a TENS unit on a daily basis. The injured worker presented with complaints of chronic pain associated with occipital headaches that radiated to the vertex and retroocular region. The current medication regimen includes tramadol, orphenadrine, amitriptyline, Ambien, Lidoderm patch, and Butrans. Upon examination, there was no evidence of calf swelling or tenderness, 40 degrees cervical flexion, 50 degrees extension, 40 degrees right lateral bending, 20 degrees left lateral bending, tenderness at the right greater than left splenius capitis, right occipital tenderness, and bilateral levator scapula tenderness. There was 5/5 motor strength and intact sensation in the bilateral upper extremities. Recommendations included continuation of the current medication regimen with the exception of Norflex. The injured worker was given a prescription for tizanidine 4 mg. Botox injections were also recommended for post-traumatic cervical dystonia. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCl 25mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16..

Decision rationale: California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 07/2014. There was no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Butrans 10mcg/hour #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: California MTUS Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended as an option for treatment of chronic pain after detoxification in patients who have a history of opioid addiction. In this case, there is no documentation of opioid addiction or a previous detoxification. In addition, the injured worker has utilized the above medication since at least 07/2014 without any evidence of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate at this time.