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| Case Number: | CM15-0004221 | | |
| Date Assigned: | 01/15/2015 | Date of Injury: | 06/20/2014 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 42-year-old female who reported an injury on 06/20/2014. The mechanism of injury was lifting. She was diagnosed with lumbosacral strain and sacroiliac ligament strain. The past treatments were noted to include physical therapy, medications, home exercises, and use of a lumbar brace. At her follow up appointment on 07/31/2014, the injured worker reported pain in her low back with radiating pain down the posterior thighs to the knees. It was noted that she had been evaluated by an orthopedist who recommended acupuncture, pain management, and chiropractic treatments. Physical examination revealed tenderness and decreased range of motion. At her followup visit on 08/14/2014, the injured worker continued to complain of low back pain with radiating symptoms and it was noted that they continued to wait for authorization for pain management, acupuncture, and orthopedic consultation. It was noted that a different anti-inflammatory would be tried naproxen was resulting in minimal improvement of symptoms. It was also noted that physical therapy had not been helpful. Requests were received for Elavil 25 mg #30, tramadol 50 mg #60, psychiatric referral, and a pain management referral. However, the submitted documentation did not include the rationale for these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 13.

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

Decision rationale: According to the California MTUS Guidelines, antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The clinical information submitted for review indicated that the injured worker had low back pain following her 06/20/2014 injury which resulted in lumbar sprain. However, there was no rationale provided for the requested Elavil, nor the requested psychiatric referral. Therefore, it is unclear whether the request for Elavil is for psychiatric concerns or chronic pain at this time. In addition, the documentation did not address whether the injured worker previously used this medication and whether it had been effective. In the absence of further documentation regarding the indication for the use of this medication, the request is not supported. Additionally, the request as submitted did not include a frequency. As such, the request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. Sufficient recent documentation was not provided regarding the injured worker's use of tramadol and whether it resulted in significant pain relief evidenced by objective information. There was also no documentation indicating that previous use resulted in significant functional improvement or that there were no adverse side effects or aberrant behaviors. In the absence of further documentation regarding the injured worker's use of tramadol and its efficacy, the request is not supported. In addition, the request as submitted did not include a frequency. As such, the request is not medically necessary.

Psychiatric referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: According to the California MTUS Guidelines, psychological evaluations are generally accepted, well established diagnostic procedures for injured workers with chronic pain. The clinical information submitted for review indicated that the injured worker has had low back pain since her injury on 06/20/2014. However, details regarding her psychological status were not provided. Therefore, the need for a psychiatric referral cannot be determined. In the absence of documentation regarding the injured worker's psychological status and whether she has shown any fear avoidance beliefs to warrant a psychiatric referral, the request is not supported. As such, the request is not medically necessary.

Pain management referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Office visits

Decision rationale: According to the Official Disability Guidelines, office visits are based on injured worker concerns, signs and symptoms, and clinical presentation. The injured worker was noted to have significant low back pain and radiating symptoms since her injury on 06/20/2014. However, the submitted documentation indicated that she had been referred to an orthopedic specialist who had recommended treatment. However, details regarding the requested pain management referral were not provided and it is unclear why pain management is needed for a diagnosis of lumbar sprain. In the absence of further documentation regarding the injured worker's need for a pain management referral at this time, the request is not supported. As such, the request is not medically necessary.