MAXIMUS Federal Services

Case Number:	CM15-0010984		
Date Assigned:	01/28/2015	Date of Injury:	05/05/2014
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 05/05/2014. She has reported that she was in a motor vehicle accident with injuries. Diagnoses include a concussion and neck pain. Treatment to date has included soft collar, an oral medication regimen, magnetic resonance imaging of the cervical spine, and chiropractic therapy. In a progress note dated 11/10/2014 the injured worker reports dull, aching neck pain with periods of sharp, stabbing pain that radiates to the right shoulder with tingling and numbness to the right upper extremity. The injured worker also reports periodic headaches on the right side, stiffness in the neck and shoulders, weakness in the right arm and hand, and grinding in the neck upon turning it. The treating physician requested the prescriptions for Nortriptyline and Medrol Dosepak (Methylprednisolone) however the documentation provided did not indicate the reason for these requested medications. On 12/31/2014 Utilization Review non-certified the requested treatments for prospective usage of Nortriptyline HCl 25mg with a quantity of 30 with three refills and the prospective usage of Medrol Dosepak (Methylprednisolone) 4mg with a quantity of 21, however the documentation provided did not include guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCl 25mg #30 with 3 refills: 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 Medications for chronic pain Page(s): Medications for chronic pain.

Decision rationale: The injured worker sustained a work related injury on 05/05/2014. The medical records provided indicate the diagnosis of myloligamentous sprains and strains of the cervical spine; spasms of the moderate cervical and lumbar spine; myloligamentous sprains and strains of the lumbar spine; Tendinitis of the bilateral shoulders; sprain and strain of the shoulders; Cervicalgia; possible annular disc tears of the cervical spine. Treatment have included Norco, Nortryptyline, Ibuprofen, Tizanidine, Omeprazole. The medical records provided for review do not indicate a medical necessity for Nortriptyline HCl 25mg #30 with 3 refills. The records reviewed do not indicate the reason for the prescribed medication; furthermore, the utilization reviewer stated there was no response to the request for additional documents. The MTUS recommends, "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." The records reviewed did not contain information related to the above recommendations.

Medrol dosepack (Methylprednisolone) 4mg #21: 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 Medications for chronic pain Page(s): 60.

Decision rationale: The injured worker sustained a work related injury on 05/05/2014. The medical records provided indicate the diagnosis of myloligamentous sprains and strains of the cervical spine; spasms of the moderate cervical and lumbar spine; myloligamentous sprains and strains of the lumbar spine; Tendinitis of the bilateral shoulders; sprain and strain of the shoulders; Cervicalgia; possible annular disc tears of the cervical spine. Treatment have included Norco, Nortryptyline, Ibuprofen, Tizanidine, Omeprazole. The medical records provided for review do not indicate a medical necessity for Medrol dosepack (Methylprednisolone) 4mg #21. The records reviewed do not indicate the reason for the prescribed medication; furthermore, the utilization reviewer stated there was no response to the request for additional documents. The MTUS recommends, "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." The records reviewed did not contain information related to the above recommendations.