MAXIMUS Federal Services

Case Number:	CM15-0122586		
Date Assigned:	07/06/2015	Date of Injury:	07/10/2013
Decision Date:	09/25/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, Michigan
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 52-year-old male who sustained an industrial injury on 7/10/13. The injured worker was diagnosed as having cervical degenerative disc disease and lumber degenerative disc disease, bilateral lower extremity radiculopathy, muscle spasm, depression, insomnia and situational stress. Currently, the injured worker was with complaints of lumbar and cervical discomfort. Previous treatments included nonsteroidal anti-inflammatory drugs (NSAIDs), oral muscle relaxants, cervical facet injections (10/31/14), and a tricyclic antidepressant. The injured workers pain level was noted as 7-8/10. Physical examination on the surgical evaluation dated 4/30/15 was notable for moderate tenderness of the posterior cervical spine, positive impingement sign, positive compression-rotation test, mild to moderate tenderness along the right anterior and lateral shoulder, moderate pain at the base of the lumbar spine and decreased sensation to light touch at the L5 distribution. Provider documentation noted the last date of employment as 8/22/13. The plan of care was for Amitriptyline 25 milligrams quantity of 30, Methocarbamol 750 milligrams quantity of 90, Ibuprofen 800 milligrams quantity of 90 and Ambien 5 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

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

Decision rationale: The request is for Amitriptyline 25 milligrams quantity of 30, which the UR modified to Amitriptyline 25 milligrams quantity of 15. The injured worker was with complaints of lumbar and cervical discomfort. CA MTUS recommendations state that Amitriptyline is a tricyclic antidepressant that is considered a first-line agent unless poorly tolerated, contraindicated or ineffective. Provider documentation dated 1/15/15 notes the trial of amitriptyline 25 milligrams. Provider documentation dated 1/15/15, 2/13/15, 3/3/15, 3/16/15, and 4/16/15 note the injured workers pain level as 7/8/10. The examination dated 4/16/15 noted the injured worker as with a "depressed affect" which was noted on the 3/16/15, 2/13/15 and 1/15/15 progress notes as well. Continued use is not supported as there has not been improvement in pain or overall functional improvement. As such, the request for Amitriptyline 25 milligrams quantity of 30 is not medically necessary.

Methocarbamol 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request is for Methocarbamol 750 milligrams quantity of 90. The injured worker was with complaints of lumbar and cervical discomfort. CA MTUS recommendations state that "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." CA MTUS states Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Provider documentation 1/15/15, 2/13/15, 3/3/15, 3/16/15, and 4/16/15 note the injured workers pain level as 7/8/10 implying chronic longstanding pain. Progress notes did not note an acute exacerbation in pain. Provider documentation dated 11/12/14 noted a refill for Methocarbamol 750 milligrams quantity of 90. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. As such, the request for Methocarbamol 750 milligrams quantity of 90 is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request is for Ibuprofen 800 milligrams quantity of 90. The injured worker was with complaints of lumbar and cervical discomfort. CA MTUS recommends the lowest dose non-steroidal anti-inflammatory drugs (NSAIDs) for the shortest period in patients with moderate to severe pain. Provider documentation shows the injured workers pain level consistently stayed at the same level (7/8 out of 10) on progress notes dated 1/15/15, 2/13/15, 3/3/15, 3/16/15, and 4/16/15. Additionally, the injured worker was noted on the progress note dated 11/12/14 to be taking Ibuprofen 800 milligrams, indicating long term use. CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short term option. As such, the request for Ibuprofen 800 milligrams quantity of 90 is not medically necessary.

Ambien 5mg #30: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien).

Decision rationale: The request is for Ambien 5 milligrams quantity of 30. The injured worker was with complaints of lumbar and cervical discomfort. CA MTUS was silent on the requested treatment, therefore ODG was referenced. ODG recommendations state that "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. . . They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Provider documentation dated 1/15/15, 2/13/15, 3/3/15, 3/16/15, and 4/16/15 note that the injured worker was prescribed or refilled Ambien 5 milligrams indicating chronic treatment. As such, the request for Ambien 5 milligrams quantity of 30 is not medically necessary.