

Case Number:	CM15-0122764		
Date Assigned:	07/07/2015	Date of Injury:	12/24/2014
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/25/2015

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, New York, California
 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain (LBP), chronic neck pain, and posttraumatic headaches reportedly associated with an industrial injury of December 24, 2014. In separate Utilization Review reports dated May 29, 2015, the claims administrator failed to approve a request for nortriptyline, Mobic, and physical therapy. The claims administrator referenced an RFA form received on May 20, 2015 in its determination. The applicant's attorney subsequently appealed. In May 6, 2015 neurology note, it was suggested that the applicant had returned to work despite ongoing issues with neck pain, upper extremity paresthesias, posttraumatic headache, and fractured teeth. 8/10 pain complaints were noted. The applicant did have issues with anxiety and insomnia present. The applicant had apparently returned to work as a dental assistant, it was reported. Physical therapy was endorsed. The attending provider suggested that the applicant employ a tricyclic antidepressant on a trial basis to ameliorate symptoms of emotional compromise and sleep disturbance associated with her chronic pain complaints. In a progress note dated May 20, 2015, the applicant reported ongoing complaints of neck pain and headaches. The ancillary issues with depression and anxiety were reported. The applicant was on Lodine, Robaxin, and extra strength Tylenol, it was reported. Mobic was endorsed on a first-time basis, while Lodine was discontinued. Pamelor was endorsed for nightly use purposes. Lodine was apparently discontinued on the grounds that it caused nausea. Six sessions of physical therapy were endorsed. The request was framed as a first time request for physical therapy for the cervical spine. It was suggested that the applicant had received chiropractic manipulative therapy prior to this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #30 for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 22, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Yes, the request for nortriptyline (Pamelor) an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 15, page 402, antidepressants such as nortriptyline may be helpful to alleviate symptoms of depression, as were/are present here. The applicant's consulting neurologist reported on May 6, 2015 that the applicant had issues with emotional disturbance, insomnia, and chronic pain, making nortriptyline (Pamelor) particularly appropriate introduction, as page 13 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that tricyclic antidepressants such as nortriptyline (Pamelor) are considered a first-line treatment for chronic pain, as was/is also present here on or around the dates in question, May 6, 2015 and May 20, 2015. Therefore, the request was medically necessary.

Mobic (Meloxicam) tablets 15mg #30 for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 22, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: Similarly, the request for Mobic, an anti-inflammatory medication, was medically necessary, medically appropriate, or indicated here. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that anti-inflammatory medications such as Mobic do represent the traditional first-line treatment for various chronic pain conditions. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the request for Mobic represented a first time request for the same, initiated on May 20, 2015. The attending provider introduced Mobic on that date on that grounds that the applicant had developed some nausea with another NSAID, Lodine. Introduction of Mobic, thus, was indicated to combat the applicant's issues with neck pain and headaches present on that date. Therefore, the request was medically necessary.

Physical therapy 6 sessions for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Finally, the request for six sessions of physical therapy for cervical spine was medically necessary, medically appropriate, and indicated here. The six-session course of physical therapy at issue is simpatico with the 8-to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The attending provider framed a request of May 20, 2015 as a first time request for physical therapy, stating that the applicant had only had chiropractic manipulative therapy through this point in time. It appeared, thus, that the applicant had not had prior physical therapy, and furthermore, the applicant had not had prior physical therapy during the chronic pain phase of the claim. Moving forward with the six-session course of physical therapy at issue was, thus, indicated. Therefore, the request was medically necessary.