

Case Number:	CM15-0124536		
Date Assigned:	07/09/2015	Date of Injury:	10/04/1999
Decision Date:	09/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Internal 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 69 year old, female who sustained a work related injury on 10/4/99. She was rear-ended in a motor vehicle accident. She sustained injuries to her neck, lower back and knee and developed headaches. The diagnoses have included cervicogenic headaches in combination with migraine headaches, cervical spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain, left knee meniscal tear, lumbar radiculopathy and insomnia. Treatments have included medications and right knee surgery. In the Doctor's First Report of Occupational Injury or Illness Initial Neurological Evaluation dated 5/27/15, the injured worker complains of having a difficult time falling asleep due to pain and discomfort. She complains of headaches that occur approximately every 7-10 days. She describes the headaches as frontal, radiating to the temple, pressure-type, pulsatile, associated with light sensitivity and phonosensitivity. She complains of daily pain in her shoulders and shoulder blades, left greater than right. She describes this pain as tingling, tightness and sharp, aching pain. She complains of lower back pain radiating to the right buttock and down the leg. She complains of left knee pain and had surgery due to meniscal tear. She has cervical paravertebral muscle tenderness, left more than right. She has bilateral occipital notch tenderness. She has decreased range of motion in cervical spine. She has lumbar paravertebral muscle tenderness, right greater than left. She has sciatic notch tenderness bilaterally. She has a positive right straight leg raise at 55 degrees. She is able to resume normal and customary activity. There is no work status noted other than in the previous sentence. The treatment plan includes a random toxicology screen and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10 MG #30 with 3 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: Per CA MTUS guidelines, Amitriptyline (Elavil) is "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of antidepressants may be undertaken." Tricyclic antidepressants have demonstrated short-term pain relief for low back pain. For radiculopathy," antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy." It is stated in the note dated 5/27/15, she has neuropathy symptoms in right leg and has difficulty falling asleep. For the reasons noted, the requested treatment of Elavil is medically necessary.

Inderal XR 80 MG #30 with 3 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypertension Treatment and Other Medical Treatment Guidelines <http://www.dynamed.com/>.

Decision rationale: Per ODG, Inderal is a first line, 4th addition - Beta blocker (b-Adrenergic blocker). It is used in the management of high blood pressure (hypertension). Beta Blockers are also recommended as first line for prophylaxis in the treatment of Migraine. Documentation provided for review indicates that the injured worker has taken Inderal in the past for headaches with noted improvement in headache frequency and severity. The recommendation for a trial of Inderal in this case is clinically appropriate. The request for Inderal XR 80 MG #30 with 3 Refills is medically necessary.

Celebrex 100 MG #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs Page(s): 30, 67-70.

Decision rationale: Per CA MTUS guidelines, "Celebrex is the brandname for celecoxib, and it is produced by Pfizer. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor." Used in the treatment of symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. The injured worker has been taking Celebrex for an undetermined amount of time. There are no pain levels documented, no documentation noted that this medication is easing her pain or documentation to note if it is improving her functional capabilities Therefore, the request for Celebrex is not medically necessary.

Fioricet #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per ODG, Fioricet is a barbiturate-containing analgesic agent (BCAs). "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache." Since this medication is not recommended for chronic pain and there may be a chance of rebound headaches, the requested treatment of Fioricet is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 78.

Decision rationale: Per CA MTUS guidelines, urinalysis is used as a way of drug testing. "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Documentation fails to show that the injured worker is taking any opiate medications that warrant the use of urinalysis drug screening. Therefore, the requested treatment of a urine drug screen is not medically necessary.