

Case Number:	CM15-0125240		
Date Assigned:	07/09/2015	Date of Injury:	09/25/2010
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
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: Georgia, California, Texas

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 55-year-old female who sustained an industrial injury on 9/25/2010 resulting in radiating neck pain. She was diagnosed with cervical spondylosis, degenerative cervical disc disease with foraminal stenosis, right cervical radiculopathy, post spinal fusion C5-7, and chronic pain syndrome. Treatment has included interbody spinal fusion C5-7 in 2012; cervical epidural which she reported worsened her neck pain; oral and topical pain medication providing some pain relief; and, Flexeril which reduced muscle spasm. The injured worker continues to report neck pain radiating down both upper extremities. The treating physician's plan of care includes Voltaren gel and Amitriptyline 75 mg. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: Per office notes, the injured worker has been receiving oral ibuprofen and topical diclofenac (Voltaren gel) on a concurrent basis. MTUS recommends short-term 4-12 weeks use of topical NSAIDs as an optional treatment for osteoarthritis or tendinitis in joints amenable to topical treatment. MTUS notes no evidence for effectiveness of topical NSAIDs for treatment of neuropathic pain. MTUS notes that topical NSAIDs have not been studied for the spine. The current documented complaints consist of chronic neck pain and radicular symptoms. Due to lack of indication per MTUS for use of topical NSAIDs for these conditions, lack of support by MTUS for long-term use of topical NSAIDs, and lack of a rationale to support concurrent use of both oral and topical NSAIDs, medical necessity is not established for use of Voltaren gel in this case.

Amitriptyline 75mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16 of 127.

Decision rationale: MTUS recommends tricyclic antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Office notes document a history of neuropathic pain and severe insomnia due to pain, as well as depression due to pain. 12/02/14 office note documented improved sleep on the current medication regimen with ability to sleep 4 hours straight. The injured worker also reported improved mood and clearer thoughts. Other notes state that the injured worker reports 80% improvement in ability to perform specific ADLs with the current medication regimen. There is sufficient documentation of symptomatic and functional improvement with use of Elavil to support continuation of this medication per MTUS recommendations. The request is medically necessary.