

Case Number:	CM15-0064470		
Date Assigned:	04/10/2015	Date of Injury:	07/11/2014
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old male with an industrial injury dated July 11, 2014. The injured worker diagnoses include post traumatic cephalgia, status post scalp laceration, cervical sprain/strain, lumbar sprain/strain, degenerative joint disease and disc disease at cervical spine and lumbar spine. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 3/03/2015, the injured worker reported increased headache and constant neck pain rated a 5-6/10. The injured worker also reported intermittent pain of lower back, bilateral leg weakness and blurred vision in the left eye. The treating physician noted that the Magnetic Resonance Imaging (MRI) of cervical spine revealed degenerative disc disease at C3 through C7. MRI of lumbar spine revealed degenerative joint disease and disc disease at L1 through L5. The treating physician prescribed Nortriptylin 25mg for headaches and Flexeril 10mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptylin 25mg: Upheld

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

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

Decision rationale: This 65 year old male has complained of cervical spine pain and lumbar spine pain since date of injury 4/11/14. He has been treated with physical therapy and medications to include Nortriptylline since at least 01/2015. The current request is for Nortriptylline. Per the MTUS guideline cited above tricyclic anti-depressants are recommended as a first line agent for neuropathic pain and as a possible treatment for non-neuropathic pain. When used, assessment of treatment efficacy should include pain outcomes, an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is no inadequate documentation to support a diagnosis of neuropathic pain and inadequate documentation regarding treatment efficacy, evaluation of function, effect on use of other analgesic medications or documentation with regard to sleep quality. On the basis of the MTUS guidelines and available documentation, Nortriptylline is not indicated as medically necessary.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 65 year old male has complained of cervical spine pain and lumbar spine pain since date of injury 4/11/14. He has been treated with physical therapy and medications. The current request is for Flexeril. Per the MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary.