

Case Number:	CM13-0024856		
Date Assigned:	11/20/2013	Date of Injury:	11/01/2003
Decision Date:	01/16/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female who reported an injury on 11/01/2003. The patient has been treated for ongoing neck and upper extremity pains that have been unrelieved with the use of conservative treatments to include a cervical collar, physical therapy, and oral medications. The patient has also undergone a cervical epidural steroid injection in early 2013. This treatment gave her a 50% pain reduction for approximately 3 months, as well as helping to reduce her medication use. According to the most recent clinical date of 08/28/2013, the patient was diagnosed with status post fusion of the C5-6 and C6-7, facet arthropathy, right greater than left, C4-5, C7-T1, and cervical radiculopathy. At the time of her evaluation, the patient was taking Percocet, Mobic, and Elavil. The physician is currently requesting 1 Transforaminal Epidural Steroid Injection at C4-5, 1 Prescription of Percocet 10/325mg #135, and 1 Prescription of Elavil 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection at C4-5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: Regarding the first request for 1 Transforaminal Epidural Steroid Injection at C4-5, according to the MTUS Chronic Pain Guidelines, any therapeutic phase, for repeat blocks, which should be based on continued objective documented pain and functional improvement, the patient should have had at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documentation dated 07/15/2013 does note that the patient received 50% pain reduction for at least a 3-month duration following her cervical epidural steroid injection. The patient has also been diagnosed as having cervical radiculopathy, and is only having 1 nerve root level injected at this time. At this time, the patient meets MTUS Chronic Pain Guideline criteria for a repeat epidural steroid injection at the C4-5 levels. The request for 1 transforaminal epidural steroid injection at C4-5 is medically necessary and appropriate.

Percocet 10/325 mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS Chronic Pain Guidelines note that Percocet is a short-acting opioid. Under the criteria for use pertaining to opioids, under the tolerance and addiction headline, the Guidelines state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose mainly due to sensitization. It further states that analgesia may occur with open-ended escalation of opioids and it had also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. As noted in the documentation, the patient has been utilizing Percocet since at least 12/2012. She is also using one of the higher doses of the medication. The patient's pain has been fairly unrelieved with this medication, as noted by the objective measurements in the documentation. As such, with the patient not meeting Guideline criteria for the ongoing use of Percocet, it is recommended that the weaning process begin in order to help the patient start utilizing other forms of conservative treatments. The request for 1 Prescription of Percocet 10/325mg #135 is not medically necessary and appropriate.

Elavil 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline; Antidepressants Page(s): 13; 14.

Decision rationale: According to the MTUS Chronic Pain Guidelines, amitriptyline, otherwise known as Elavil, is a recommended tricyclic antidepressant that is generally considered a first line agent for the use in chronic pain. The Guidelines go on to state that under the low back pain

heading for antidepressants, a systemic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. The documentation states that the patient has been utilizing this medication since at least 12/2012, and has had some relief using this medication. However, the documentation does not show a significant decrease in overall pain in regards to the use of Elavil. Without having sufficient objective information pertaining to the efficacy of this medication, and with the non-certification of the previous request, the prescription of Elavil 25mg #60 cannot be certified at this time. The request for 1 prescription of Elavil 25mg #60 is not medically necessary and appropriate.