

Case Number:	CM14-0103640		
Date Assigned:	07/30/2014	Date of Injury:	02/27/1986
Decision Date:	09/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas 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/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 injured worker is a 49 year old female who suffered a work related injury on 02/27/86. There is no documentation of the mechanism of injury. The most recent clinical note submitted for review is dated 07/22/14. The injured worker presents for medical reevaluation of her chronic low back pain secondary to post-laminectomy syndrome. She is also being treated via chemotherapy for melanoma. She is currently undergoing Interferon injections in the home setting 3 times per week and is in her 6th month. She is tolerating chemotherapy. She is continuing oral opioids as well as Duragesic patch for chronic low back and cancer pain. She states these medications allow her to function in the form of ambulation, doing house chores as she is settling into her new trailer home and activities of daily living from bathing, cooking, and dressing. These medications bring her pain level down from an 8/10 to a 3/10 on the VAS scale. Medications Amitriptyline 150mg tablets, Amitriptyline 25mg tablets, Benadryl allergy, Cyclobenzaprine 10mg tablets, Duragesic 25mcg an hour transdermal patch, Fioricet with Codeine 50mg, Klonopin .5mg tablets, Oxycodone 10mg tablets, Temazepam 30mg capsules. Physical examination she is a well-developed, well-nourished female in no acute distress. She has an appropriate affect. Lumbar spine is tender to palpation. Mid-sagittal surgical scar is well-healed and non-erythematous. She also has left medial biceps surgical scar that is well-healed and non-erythematous. The injured worker did have a urinary drug test on 04/03/14 and it was negative for Oxycontin. Diagnoses lumbar post-laminectomy syndrome. (In review of all the clinical notes I could not find an operative note). Prior utilization review on 06/04/14 was modified to initiate tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Anxiety medications.

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

Decision rationale: 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. There is no clinical evidence submitted that indicates that the injured worker has neuropathic pain. Prior utilization review on 06/04/14 was modified to initiate tapering. Therefore, medical necessity for Amitriptyline has not been established.

Oxycodone 10mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review on 06/04/14 was modified to initiate tapering. Therefore, medical necessity for Oxycodone has not been established.