MAXIMUS Federal Services

Case Number:	CM14-0107635		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2006
Decision Date:	09/26/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain, headaches, arm pain, neck pain, hip pain, depression, and anxiety reportedly associated with an industrial injury of September 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; earlier cervical laminectomy surgery; earlier rotator cuff repair surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for amitriptyline, morphine, and Norco. The applicant's attorney subsequently appealed. On June 27, 2014, the applicant reported persistent complaints of arm pain, headaches, leg pain, shoulder pain, and hip pain. The applicant posited that ongoing usage of medication was ameliorating his ability to perform activities of daily living, including self-care, personal hygiene, dress, shower, function socially, and work full-time as a stair designer. The applicant's pain was highly variable, it was acknowledged. The applicant did have issues with depression and frustration from time to time, it was stated. Other sections of the note, somewhat incongruously, stated that the applicant was not out of the house daily. The applicant was reportedly lying down 15% to 25% of the time, it was stated. A variety of medications were refilled. The applicant was asked to continue home exercises and follow up in 30 days. In an earlier note dated June 23, 2014, the applicant again reported persistent complaints of neck pain. The applicant was smoking one cigar a day, it was stated in one section of the note, while another section stated that the applicant was not smoking. The attending provider did suggest (but not clearly state) that the applicant was working as a stair estimator. In a May 14, 2014 medical-legal evaluation, the medical-legal evaluator suggested that the applicant had resumed work at Steel Stairways in May 2013 after having previously been off of work for a span of two years. The applicant was working approximately six hours a day

for a total of 30 hours a week. The applicant was working out of the home two days a week. The applicant's employer had apparently furnished a bed for him to lie down during the day during flares of pain. The applicant was given a 27% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Amitriptyline HCL 75mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline or Elavil is "recommended" as a first-line agent for chronic pain, as is present here. The attending provider, furthermore, has posited that the applicant has demonstrated treatment success by achieving and/or maintaining successful return to work status, reportedly affected in part through ongoing usage of amitriptyline. Continuing the same, on balance, is therefore indicated, per MTUS. Accordingly, the request is medically necessary.

90 Tablets of Morphine Sulfate ER 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has posited that the applicant is deriving appropriate analgesia from morphine. The applicant has reportedly returned to and maintained work as a stair estimator, which the attending provider has imputed to ongoing opioid therapy with morphine. The applicant's ability to function socially, move about, perform home exercises, etc., have all been reportedly ameliorated with ongoing morphine usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

120 Tablets of Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86-87 and 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to full-time work as a stair estimator, reportedly achieved through ongoing medication therapy, including ongoing Norco usage. The applicant is likewise reporting appropriate improvement in terms of ability to perform other non-work activities of daily living, including ambulation, home exercises, social functioning, etc., and is reportedly deriving appropriate analgesia from the current combination of medications. Continuing Norco then, on balance, is indicated. Accordingly, the request is medically necessary.