

Case Number:	CM14-0012675		
Date Assigned:	02/21/2014	Date of Injury:	05/15/2001
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in 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:

This is a 56-year-old male with a 5/15/01 date of injury. The mechanism of injury was due to repetitive activity. In a 2/12/14 progress note, the patient presented with lingering pain, his lower back pain and joint pain are the most bothersome. His pain is characterized as sharp, burning, and aching. He complained of difficulty with prolonged walking and standing. His pain is increased by walking, standing, bending, lifting, and activities of daily living. Oxycontin helps with his baseline pain. Objective findings: alert and oriented, range of motion about 90 percent on all planes, active equal to passive. Diagnostic impression: postlaminectomy syndrome, cervical radiculopathy, right shoulder pain, lumbar spondylosis, lumbar radiculopathy, chronic right knee pain Treatment to date: medication management, activity modification, physical therapy, injections The most recent UR decision dated 12/2/13 was deemed medically necessary for Oxycontin and Elavil. No further UR decisions were available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a report dated 2/12/14, the patient expressed concern that a UR decision modified Oxycontin from 90 tablets to 75 tablets for weaning purposes. There is no documentation that the provider has addressed the recommendations for weaning. Furthermore, a UDS dated 8/30/13 was inconsistent for the use of Oxycontin. Therefore, the request for Oxycontin 20 mg #90 is not medically necessary

ELAVIL 10MG, #60: Upheld

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 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. This patient was taking Neurontin and switched to Elavil on 12/2/13. There is no documentation as to why the Neurontin was discontinued and why Elavil was initiated. In the reports reviewed, there is no discussion as to why the Elavil is prescribed for this patient. Furthermore, there is no documentation in the progress notes that there is a neuropathic component of the patient's pain. Therefore, the request for Elavil 10 mg #60 is not medically necessary.