

Case Number:	CM14-0113548		
Date Assigned:	08/01/2014	Date of Injury:	09/03/1999
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 53-year-old with an injury date of September 3, 1999. Based on the June 5, 2014 progress report, the patient complains of severe lower back pain and a foot drop. The patient rates his pain as a 10/10 without medications and a 2-3/10 with medications. Recent findings include a partial left foot drop, a positive left straight leg raise, lumbar tenderness, and antalgic pain. The utilization review determination being challenged is dated July 1, 2014. Two treatment reports were provided from September 13, 2012 and June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg 168 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: Based on the June 5, 2014 progress report, the patient presents with severe lower back pain and foot drop. The request is for oxycodone 10 mg #168. The patient has been taking oxycodone 10 mg as early as 09/13/2012. Reviewing the two reports that were provided,

there was no discussion provided regarding how oxycodone helped the patient's pain. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Reviewing the reports, no documentation of analgesia, ADLs, adverse effects, aberrant behavior including urine toxicology. Therefore, the request for Oxycodone 10 mg 168 count is not medically necessary or appropriate.

Elavil 50 mg, thirty count with six refills: Overturned

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

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

Decision rationale: Based on the June 5, 2014 progress report, the patient presents with severe lower back pain and foot drop. The request is for Elavil 50 mg #30 times six refills. The patient has been taking Elavil as early as September 13, 2012. MTUS page 13 states that amitriptyline is recommended as a tricyclic antidepressant. "Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." A systematic 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 patient has been on this medication on a long-term basis but the treater does not mention how the medication has been helpful. The use of this medication for chronic pain and insomnia is supported by the guidelines, however. Therefore, the request for Elavil 50 mg, thirty count with six refills, is not medically necessary or appropriate.

Florinal (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Florinal: Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Based on the June 5, 2014 progress report, the patient presents with severe lower back pain and foot drop. The request is for Fiorinal (unknown dosage and quantity). There is no indication of when the patient began using Fiorinal, nor are there any discussions regarding Fiorinal's efficacy. Regarding Barbiturate-containing analgesic agents (BCAs) the MTUS guidelines states, "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk

of medication overuse as well as rebound headache. (Friedman, 1987)." Therefore, the request for Florinal (unknown dosage and quantity) is not medically necessary or appropriate.