

Case Number:	CM14-0116591		
Date Assigned:	08/04/2014	Date of Injury:	08/11/2008
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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 and is licensed to practice in Illinois. 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 66 year old female who reported an injury on 10/09/2007. Diagnoses included lumbar degenerative disc disease. Past treatments included medications. Diagnostic studies were not provided. Surgical history included a lumbar fusion on 01/20/2011. The clinical note dated 06/27/2014 indicated the injured worker complained of chronic back pain and difficulty completing activities of daily living. Physical exam findings showed absent deep tendon reflexes at both knees, and pain with lateral flexion and motion of the lumbar spine. Current medications included diazepam 5 mg, norco 10/325 mg, oxycodone 15 mg, and amitriptyline 100 mg. The treatment plan included amitriptyline 100 mg and oxycodone 15 mg. The rationale for oxycodone was that it allowed the injured worker to have fuller function around the house; the rationale for amitriptyline was that it decreased the neuropathic elements of her back pain which allowed her to sleep. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 100 Mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic apin Page(s): 13-14.

Decision rationale: The injured worker complained of chronic back pain and difficulty completing activities of daily living. The California MTUS Guidelines indicate that antidepressants are recommended as a first line option for neuropathic pain. Assessment for treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker has been taking this medication since at least 02/07/2014. Clinical documentation does not provide a clear indication of functional improvement, decrease in use of other pain medication, or a psychological assessment. Furthermore, the request does not provide indicators of time and frequency for taking the medication. Therefore the request for amitriptyline 100 mg is not medically necessary.

Oxycodone 15Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain.

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

Decision rationale: The injured worker complained of chronic back pain and difficulty completing activities of daily living. The California MTUS Guidelines state that criteria for the ongoing management of opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. The injured worker has been taking oxycodone since at least 02/07/2014. There is no quantified evidence of pain relief after taking the medication, lack of side effects, or urine drug screens. Furthermore, the request does not provide indicators of the frequency for taking the medication. Therefore the request for oxycodone 15 mg is not medically necessary.