

<b>Case Number:</b>	CM14-0120042		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/27/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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 55 year old female who sustained an injury on 07/02/01 while she prevented a heavy desk from falling on her. The injured worker has been followed for ongoing complaints of low back pain radiating to the right lower extremity. The injured worker had provided long term medications to include narcotics Fentanyl. The injured worker is status post lumbar discectomy and fusion with placement of a spinal cord stimulator. The most recent evaluation was from 05/22/14 and noted ongoing pain at the site of the spinal cord stimulator IPG implant. The injured worker's physical exam was limited without any specific findings noted. Medications were continued at this evaluation. The injured worker was reported to have approximately 30% improvement with the use of medications. The injured worker was under a pain contract and had no aberrant behaviors noted. The requested Fentanyl and Elavil were denied on 07/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 100mg #135:** 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 Antidepressants Page(s): 13-16.

**Decision rationale:** In regards to the use of Elavil 100mg quantity 135, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This medication is recommended by guidelines in the treatment of depression as well as neuropathic pain and can be utilized to facilitate sleep. There were no recent evaluations after May of 2014 providing any specific indications for the ongoing use of this medication. Given the paucity of recent clinical information, this reviewer would not recommend this request as medically necessary.

**Fentanyl Patches 50mcg #10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**Decision rationale:** In regards to the use of Fentanyl 50mcg/hr quantity 10, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The additional information for this injured worker notes have approximately 30% improvement with the use of medications. The injured worker was under a pain contract and had no aberrant behaviors noted. With this additional information regarding pain improvement and the lack of any inconsistent behavior, this reviewer would have recommended this request as medically necessary.