

<b>Case Number:</b>	CM14-0043745		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/03/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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 55-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of September 3, 1999. Medical records from 2001 through 2014 were reviewed, which showed that the patient complained of chronic low back pain with radiation into the lower extremities. On examination, patient was found to have antalgic gait, positive straight leg raise test, and weakness of left sided ankle dorsiflexors. An MRI done on August 12, 2003 revealed multilevel degenerative changes, and an evidence of prior fusion at L4-5 and disc bulges at L1-2, L2-3, and L3-4 resulting in central spinal stenosis. Treatment to date has included surgery, physical therapy and medications such as oxycodone, oxycontin, Elavil, senna, and relistor. Utilization review from March 24, 2014 modified the request for Oxycodone 10 mg #168 to #14 because the patient exceeded the morphine equivalents recommended by the guidelines for nonmalignant pain. Tapering dose was provided to prevent withdrawal symptoms. The request for Elavil 50 mg #30 with six (6) refills was modified to 3 refills to facilitate medication monitoring. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg #168:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Manageme Page(s): 78-82.

**Decision rationale:** As stated on page 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. CA MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient had been taking opioids since at least 2001. There is no indication of an effort to use the lowest possible dose of Norco. There is also lack of compelling clinical evidence documenting subjective, objective and/or functional improvement as a direct result of use of this medication. Moreover, there is no adequate documentation of the presence or absence of opioid side effects. There is also no recent urine screen provided in the medical records to monitor appropriate medication use. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycodone 10 mg, #168 is not medically necessary.

**Elavil 50 mg #30 with six (6) refills:** Upheld

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

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines page 13-14, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Assessment of 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. In this case, the patient was taking Elavil since at least 2007. There was no documented rationale for utilizing this medication. Furthermore, the most recent progress notes did not indicate any problems with sleep nor were there any discussion concerning the patient's sleep hygiene. Moreover, there was no evidence of overall pain improvement and continued functional benefits from this medication. The medical necessity has not been established. Therefore, the request for ELAVIL 10MG #30 is not medically necessary.