

Case Number:	CM14-0043763		
Date Assigned:	07/02/2014	Date of Injury:	03/22/2008
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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 53-year-old male who sustained injury on 03/22/2008 while he was lifting a box of salmon and felt a pop in his lower back with radiating pain to left lower extremity. Treatment history includes physical therapy and medications (Hydrocodone, Methadone HCL 10 mg, and Elavil-amitriptyline 25 mg). No urine drug screen report was submitted for review. A progress report dated 04/07/2014 indicates his current complaints of chronic low back pain. Patient reports pain level that is 4-6/10 on VAS with the use of medications depending on activity level, and time of day. Patient states that his pain is worse in the morning when he gets up and he has more stiffness. Patient does report that without medication, his pain level would be 10/10 on VAS. He does not have much in the way of exercise program. The physical exam of lumbar spine revealed tenderness to palpation at the lumbosacral junction, right greater than left. Range of motion of the lumbar spine was decreased by 40% with flexion, 60% with extension and 40% with rotation bilaterally. Sensation was intact to light touch at bilateral lower extremities and 5/5 motor strength. DTRs were 1+ and equal at the patella and Achilles. Clonus was negative bilaterally. UR report dated 04/15/2014 indicates the request for Methadone HCL and Elavil-amitriptyline was non-certified because there is no quantitative assessment on how this medication helps, percentage of relief, how long this relief lasts, increase in function, or increase in activity. There is no urine toxicology screen report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #270 QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-94.

Decision rationale: As per CA MTUS guidelines, Methadone is recommended for moderate to severe pain. Further guidelines state, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, this patient has chronic lower back pain and has been prescribed Methodone chronically. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management, such as physical therapy, home exercise, etc. There is no documentation of ongoing assessment as well as monitoring for compliance (i.e. with urine drug screening). Furthermore, there is little to no documentation of subjective functional improvement or reduction in pain level associated with use of this medication. Therefore, this request is not medically necessary.

Elavil-amitriptyline HCL 25mg QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: Per ODG guidelines, Amitriptyline is a tricyclic antidepressant which is generally considered a first-line agent for depression unless they are ineffective, poorly tolerated, or contraindicated. Per guidelines, it can also be considered in neuropathic pain. Other indications include insomnia and fibromyalgia. In this case, the specific need has not been mentioned. There is no documentation of a history of fibromyalgia or insomnia in this patient. There is little to no evidence of any significant improvement in pain or function associated solely with its use. Therefore, the medical necessity of the request has not been established per guidelines.