

Case Number:	CM14-0188226		
Date Assigned:	11/18/2014	Date of Injury:	07/22/2003
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Rehab, 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 59 year old female with complaints of chronic low back pain with radiating pains down the left leg from injury dated 7/23/2003. Mechanism of injury is not documented. The patient has been treated with injections which have not helped. Medications and Acupuncture have helped the patient with reduction in pain improving her activities of daily living, sleeping and walking, and do not cause any side effects. Pain levels were reduced from 5/10 to 1/10 and improved range of motion by 50%. The patient has been diagnosed with lumbar disc disease, chronic back pain and multilevel foraminal narrowing, borderline central canal stenosis and radicular symptoms in the left leg. The Utilization Review dated October 28, 2014 denied requested Norco and Amitriptyline per California MTUS Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 po BID prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 59 year- sustained a low back injury on 7/23/2003 with continued complaints of chronic ongoing low back pain with radiating pains down the left leg. Diagnoses include lumbar disc disease, chronic back pain and multilevel foraminal narrowing, borderline central canal stenosis and radicular symptoms in the left leg. Conservative care has included medications, therapy, acupuncture, injections (without benefit), and modified activities/rest. Current treatment report from the provider has plan for continued medications to included Norco and Amitriptyline which were non-certified. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5/325mg 1 po BID prn #60 is not medically necessary and appropriate.

Amitriptyline 50mg 1 po at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics, antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: This 59 year- sustained a low back injury on 7/23/2003 with continued complaints of chronic ongoing low back pain with radiating pains down the left leg. Diagnoses include lumbar disc disease, chronic back pain and multilevel foraminal narrowing, borderline central canal stenosis and radicular symptoms in the left leg. Conservative care has included medications, therapy, acupuncture, injections (without benefit), and modified activities/rest. Current treatment report from the provider has plan for continued medications to include Norco and Amitriptyline which were non-certified. Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this 2003 injury with chronic pain complaints. Report has noted the patient with complaints of persistent pain taking

chronic opiates without demonstrated specific functional improvement in terms of increased ADLs, decreased medication profile and medical utilization for this chronic injury. The Amitriptyline 50mg 1 po at bedtime #30 is not medically necessary and appropriate.