

Case Number:	CM14-0196104		
Date Assigned:	12/04/2014	Date of Injury:	10/13/2004
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Interventional spine 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 64-year-old female with an injury date of 10/13/2004. Based on the 10/28/14 progress report, the patient complains of chronic back pain and carpal tunnel syndrome. Progress report 10/22/14 noted right hand pain with radiation to thumb, left leg pain rated 8-9/10, GERD that is minimized by Prilosec, and constipation resolved with increased fiber intake. Physical examination on 10/22/14 of lumbar spine revealed restricted range of motion. Positive heel and toe walk sign. Straight leg raise is positive and diminished sensation on left leg. Per progress report dated 10/28/14, treater states "there are no adverse effects or adverse reactions of the current medications that precludes us from continuing the patient on the current dose, frequency and type of medications prescribed. The medications are providing the patient with satisfactory analgesia and pain control. As well the medications seem to be providing the patient with improved day to day function and improved quality of life. Patient understands that the goal for these pain medications is not only analgesia but also increase in every day function such as sleep, work and social interactions. The current regimen seems to be improving the patient's activity level as described by the patient and as per the activities of daily living questionnaire. There are no signs of aberrant drug behavior. Issues of addiction and pseudoaddiction must be considered. Healthcare providers and specially treating physicians must always be cognizant of such behaviors in patients on chronic opioid therapy. Addiction is a chronic condition which can be physical, psychological and environmental and it is related to the pleasure centers of the brain and release of dopamine on such areas....Patients also develop physical dependence on opioids which is an innate pharmacological property of opioids - short or long acting. I do not see a level of physical dependence in this patient that would be of great concern...Patient is not displaying any signs of abuse, diversion, dependence, tolerance or side effects to the medications." Current medications include Norco, Amitriptyline Hcl, Neurontin, Oxycontin, and Prilosec. Oxycontin

and Amitriptyline were prescribed in progress reports dated 11/01/13 and 10/28/14. On 10/22/14 treater reported work status as permanent and stationary. Past surgical history includes L4-S1 anterior lumbar interbody fusion 07/02/12, spondylosis and spinal stenosis at L4-5 and L5-S1 07/02/12, right carpal tunnel release 2013, right carpal tunnel decompression 09/24/13, right elbow surgery 1996. Patient is status post lumbar discogram with severe pathology at two levels, status post cervical epidural injection two to date. MRI of lumbar spine 06/30/14- Interval anterior interbody fusion at L4-5. The central canal stenosis previously demonstrated is no longer seen. Moderate left lateral recess narrowing.- Interval anterior interbody fusion at L5-S1. The fusion cannot be confirmed as solid by MRI. Diagnosis per progress report 10/28/14- Lumbago- Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified- Cervical Spondylosis without Myelopathy- Cervicalgia The utilization review determination being challenged is dated 10/29/14. The rationale for Oxycontin was that "weaning was warranted at the time." The rationale for Elavil was "no documentation of functional improvement or reduction of symptoms." Treatment reports were provided from 11/01/13 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 30 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,- 89.

Decision rationale: Patient presents with chronic back pain and carpal tunnel syndrome, right hand pain with radiation to thumb, left leg pain rated 8-9/10. The request is for Oxycontin CR 30mg #60. The diagnosis per progress report 10/28/14 is lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, cervical spondylosis without myelopathy, and cervicalgia. Progress report of 10/22/14 reports work status as permanent and Stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 10/28/14, treater states that "the medications are providing the patient with satisfactory analgesia and pain control and improving day to day function and quality of life." However, treater has not discussed how Oxycontin relieves pain and how it significantly improves patient's activities of daily living. In addressing the four A's, treater has stated no adverse effects and not aberrant behavior. However, no specific ADL's were discussed, and no UDS's were available. Furthermore, treater has not sufficiently documented Analgesia (pain reduction), least pain, intensity of pain after taking the opioid and time it takes for medication to work and duration of pain relief are not documented. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Elavil 25 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia

Decision rationale: Patient presents with chronic back pain and carpal tunnel syndrome, right hand pain with radiation to thumb, left leg pain rated 8-9/10, GERD that is minimized by Prilosec, and constipation resolved with increased fiber intake. The request is for Elavil 25MG #30 (Amitriptyline). Patient's diagnosis on 10/28/14 included lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; cervical spondylosis without myelopathy; and cervicalgia. Patient's work status is permanent and stationary as of 10/22/14. Regarding antidepressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Treater has not provided reason for the request. Progress report dated 10/22/14 states the patient is having sleep difficulties from pain. Per progress report dated 10/28/14, treater states that "the medications are providing the patient with satisfactory analgesia and pain control and improving day to day function and quality of life." Treater has documented pain and function as indicated by guidelines. Given documentation of patient's benefit, the request is medically necessary.