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| Case Number: | CM14-0196550 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 06/23/2011 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/07/2014 |
| 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 31 year old female who suffered a work related injury on 06/23/11. Per the physic notes dated 10/28/14 she complained of continued chronic low back pain and radicular symptoms into the lower extremities. Pain medications were tolerated well and she was able to implore function. There were no significant changes notes. Diagnoses include low back and right lower extremity pain, depression and anxiety due to chronic pain. The medication regimen was to remain unchanged. The regime includes Amitriptyline, Ibuprofen, Prilosec, Gabapentin, Colace, and Morphine. A follow-up appointment was scheduled and urine drug screen was performed. A restriction was place not to lift, push or pull greater than 30 pounds. The Claims Administrator denied the Morphine, Amitriptyline, and Colace on 11/07/14 and the treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): (s) 78-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, there is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of opioids. There is no documentation of compliance of the patient with her medication. Therefore, the request for prescription of Morphine Sulfate ER 30mg is not medically necessary.

Elavil 50mg quantity 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): (s) 13-15.

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

Decision rationale: According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. There is no clear documentation of pain and functional improvement with previous use of Elavil. There is no clear justification of the prescription of Elavil in the patient file. The patient developed chronic pain syndrome that did not respond to current pain medications. Therefore, the prescription Elavil 50mg, W/ 3 Refills is not medically necessary.

Colace 100mg quantity 90 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Opioid induced constipation treatment.
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)

Decision rationale: According to ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore the use of for Colace 100mg #90 is not medically necessary.