

Case Number:	CM14-0201236		
Date Assigned:	12/11/2014	Date of Injury:	12/07/2007
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, 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 34 year old female with an injury date on 12/07/2007. Based on the 10/27/2014 progress report provided by the treating physician, the diagnoses are:1. Diffuse musculoskeletal myofascial pain2. There is a 2mm disc bulge at C5-C6 with degenerative osteophyte present3. Bilateral shoulder sprain/strain4. Psyche issue5. Gastrointestinal Issues secondary to non-steroidal anti-inflammatory drug use6. Headaches7. Lumbar spine sprain/strainAccording to this report, the patient complains of "persistent pain in the neck, lower back, bilateral shoulders and right wrist all at 9/10 on a pain scale of 1 to 10 and her left knee pain is 7/10 on a pain scale of 1 to 10, all frequent and remains the same since her last visit." The pain is made better with rest and medication. The pain is made worse with activities. Physical exam reveals tenderness to palpation at the cervical/lumbar paraspinal muscles and acromioclavicular joint, bilaterally. Cervical, lumbar, and bilateral shoulder range of motion is limited. Sitting Straight Leg Raise, Valgus and Varus stress test are positive. The patient ambulated with an antalgic pattern using a single point cane.Patient's treatments to date consist of acupuncture of the cervical spine, lumbar spine and bilateral shoulders which helps temporarily. The treatment plan is to request a brace for the right wrist, EMG for the bilateral lower extremity, pain management consultation, urine toxicology screen for next visit, and continue with acupuncture. The patient's current work status "not working." There were no other significant findings noted on this report. The utilization review denied the request for Norco #120 and Elavil #120 on 11/07/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/01/2014 to 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #120, 1 tab by mouth every day PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 10/27/2014 report, this patient presents with of "persistent pain in the neck, lower back, bilateral shoulders and right wrist all at 9/10 on a pain scale of 1 to 10 and her left knee pain is 7/10 on a pain scale of 1 to 10." The current request is for Norco (Hydrocodone 10/325mg) #120, 1 tab by mouth every day PRN. This medication was first mentioned in the 07/01/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. The treating physician, on 10/27/2014 states that Norco "helps her pain from 9/10 down to a 4/10 that allows her to do more activities of daily living around the house just sit on the floor and do puzzles with her kids and maybe take them to the park with assistance and with the medication." On the 07/01/2014 report, the patient indicates "She does take Norco that controls her pain from a 10 down to a 7 or 8 and it allows her to ambulate for 40 minutes as oppose to 20 minutes without medication. It also allows her to do more activities of daily living around the house for an hour as oppose to 30 minutes without medication." Urine drug screen was obtained on 09/29/2014. Review of the reports shows documentation of specific ADL changes with use of medication, along with pain reduction. Aberrant drug seeking behavior and side effects are mentioned. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

Elavil (Amitriptyline) 50mg tab #30, 1 tab by mouth bedtime PRN: Overturned

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

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

Decision rationale: According to the 10/27/2014 report, this patient presents with of "persistent pain in the neck, lower back, bilateral shoulders and right wrist all at 9/10 on a pain scale of 1 to 10 and her left knee pain is 7/10 on a pain scale of 1 to 10." The current request is for Elavil (Amitriptyline) 50mg tab #30, 1 tab by mouth bedtime PRN. This medication was first mentioned in the 09/29/2014 report; it is unknown exactly when the patient initially started

taking this medication. Elavil is a tricyclic antidepressant drug used to treat sleep problems (insomnia). The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. MTUS states, "Recommended. 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." In reviewing the reports, the treating physician mentions that "the pain is made better with rest and medication" and the patient "takes Elavil that helps her sleep." In this case, the patient has been taking Elavil for her pain and sleep problems, and the treating physician documented the efficacy of the medication as required by the MTUS guidelines on page 60. Therefore, the request is medically necessary.