

Case Number:	CM14-0208101		
Date Assigned:	12/22/2014	Date of Injury:	03/22/2002
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 56-year-old male with date of injury of 03/22/2002. The listed diagnoses from 10/21/2014 are: 1. History of left-sided L5-S1 disk protrusion. 2. Status post laminectomy and discectomy with partial improvement. 3. Chronic persistent back pain. 4. Left lumbar radiculitis. According to this report, the patient has been utilizing Butrans and Tylenol with codeine for pain control. He states that Tylenol with codeine "does not work well" as the Norco but is adequate. He continues to complain of significant numbness and paresthesia radiating down the left leg. The patient is status post laminectomy and discectomy but neuropathic pain in the left foot is still noted. He has difficulty sleeping. Examination shows tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Back pain is noted on range of motion. Facet maneuver is equivocal. Neurologic exam is intact. The patient's gait is mildly antalgic. Treatment reports from 04/03/2014 to 10/21/2014 were provided for review. The utilization review denied the request on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, on-going management Page(s): 88, 89, 78.

Decision rationale: This patient presents with significant numbness and paresthesia radiating down the left leg. The patient is status post laminectomy and discectomy, date unknown. The provider is requesting Tylenol no. 3 quantity #60 with 5 refills. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Tylenol No. 3 on 09/22/2014. The 10/21/2014 report notes, "He states that the Tylenol with codeine does not work well as the Norco but is adequate." The provider does not provide before and after pain scales. No specifics regarding ADLs were discussed, and no change in work status or return to work to show significant functional improvement was noted. While the patient reports no side effects, the provider does not discuss aberrant drug-seeking behaviors such as a urine drug screen or CURES report. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

Elavil 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

Decision rationale: This patient presents with significant numbness and paresthesia radiating down the left leg. The patient is status post laminectomy and discectomy, date unknown. The provider is requesting Elavil 25 mg. The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments 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." The records do not show a history of Elavil use. The provider notes on 10/21/2014 that Elavil was prescribed for the patient's neuropathic pain and sleep. In this case, while a trial of Elavil is supported by the guidelines given the patient's radiating pain, the provider failed to provide the quantity. The request is not medically necessary.

