

Case Number:	CM14-0041496		
Date Assigned:	06/27/2014	Date of Injury:	10/13/2004
Decision Date:	04/08/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation

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 64 year old female with an industrial injury dated 10/13/2004 which resulted in injury to the low back and both upper extremities. Diagnoses includes lumbago, thoracic or lumbosacral neuritis or radiculitis (not otherwise specified, cervical spondylosis without myelopathy, and cervicgia. Diagnostic testing has included electrodiagnostic studies of the upper extremities (11/08/2011). Previous treatments have included conservative measures, medications, right carpal tunnel release (09/24/2013) with revision on 11/24/2013, and physical therapy. A progress note dated 03/26/2014, reports continued shooting pain from the right hand up to the right arm with weakness in the right hand. The objective examination revealed tenderness in the right hand over the thenar eminence with decreased sensation in both hands and fingers, tenderness to the right forearm muscles, decreased sensation in both hands, painful range of motion in the lumbar spine, and tenderness to both knees. The treating physician is requesting oxycodone 5mg #60, and Elavil 25mg #60, which were modified by the utilization review. On 04/01/2014, Utilization Review modified prescriptions for oxycodone 5mg #60 and Elavil 25mg #60 to the approval of oxycodone 5mg #45 and Elavil 25mg #34, noting the MTUS guidelines were cited. On 04/07/2014, the injured worker submitted an application for IMR for review of oxycodone 5mg #60, and Elavil 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #60: Upheld

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

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

Decision rationale: 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 Oxycodone 5 mg #60 is not medically necessary and appropriate.

Elavil 25 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: 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 chronic injury with ongoing chronic pain complaints. Report has noted the patient with complaints of persistent pain taking chronic opiates without improvement. Functional improvement has not been demonstrated to meet guidelines criteria for continued use. The Elavil 25 mg #60 is not medically necessary and appropriate.

