MAXIMUS Federal Services

Case Number:	CM15-0103532		
Date Assigned:	06/08/2015	Date of Injury:	02/10/2012
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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 67 year old male who sustained an industrial injury on 02/10/2012. Treatment provided to date has included: conservative therapies/care, medications, and a functional restoration program. Diagnostic tests performed include: electrodiagnostic testing of the lower extremities (2012) with result compatible with L4 radicular symptoms; and MRI of the lumbar spine (03/2012) showing moderate disc bulge at L4-5 and moderate right-sided foraminal stenosis. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/10/2015, physician progress report did not mention any complaints or symptoms by the injured worker. No pain was specifically noted. The injured worker's current medications include Norco, amitriptyline, Nabumetone and Viagra; however, the injured worker reported that the Norco was causing dizziness and anorexia. There was also no physical exam findings provided. The provider noted diagnoses of myalgia and myositis, joint pain in the lower leg, and radicular symptoms of the lower limbs. Plan of care includes discontinuation of Norco with the addition of Methadone, refills on amitriptyline, transportation services and follow-up. The injured worker's work status remained temporary totally disabled. Requested treatments include amitriptyline, methadone, and transportation for office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 75mg #30 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60.

Decision rationale: This patient presents with chronic low back pain. The current request is for Amitriptyline HCL 75mg #30 x 3 refills. The RFA is dated 05/05/15. Treatment provided to date has included: conservative therapies/care, medications, and a functional restoration program. The patient is currently not working. Regarding anti-depressants, 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." The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. The patient has been prescribed Amitriptyline since 2013. According to progress report 05/09/15, the patient complains of neck, low back and shoulder pain. His neck and back pain is accompanied by radiating pain down both arms and down both legs to his feet. According to progress report 04/22/15, the patient is taking medications as prescribed with analgesia, increased ADL's, no adverse side effects and no aberrant behaviors. In this case, treater has documented pain and function as indicated by guidelines. Therefore, the request is medically necessary.

Methadone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids (MTUS 76-78) Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient presents with chronic low back pain. The current request is for Methadone 5mg #60. The RFA is dated 05/05/15. Treatment provided to date has included: conservative therapies/care, medications, and a functional restoration program. The patient is currently not working. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are

virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The patient has been prescribed Methadone since 04/10/15. According to progress report 04/22/15, the patient is taking medications as prescribed with analgesia, increased ADL's, no adverse side effects and no aberrant behaviors. UDS performed on 03/23/15 was consistent, CURES checked on 04/22/15 was appropriate, and there is a medication agreement form signed on file. In this case, there are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities" and the physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. MTUS requires appropriate discussion of all the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Transportation for office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, Transportation (to & from appointments) AETNA guidelines on transportation: (www.aetna.com).

Decision rationale: This patient presents with chronic low back pain. The current request is for Transportation for office visits. The RFA is dated 05/05/15. Treatment provided to date has included: conservative therapies/care, medications, and a functional restoration program. The patient is currently not working. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." According to progress report 05/09/15, the patient complains of neck, low back and shoulder pain. His neck and back pain is accompanied by radiating pain down both arms and down both legs to his feet. The treater does not provide a rationale for this request. In this case, there is no mention that the patient has disabilities preventing him from self-transport. There is no evidence that the patient is unable to travel alone or that assistance is required either. Therefore, the request is not medically necessary.