

<b>Case Number:</b>	CM15-0136183		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 66 year old male who sustained an industrial injury on 08/08/2000. Mechanism of injury was not documented in records presented for review. Diagnoses include post laminectomy syndrome, and pelvic, thigh and hip pain. He was recently diagnosed with prostate cancer and has had surgery and undergoing chemotherapy. Treatment to date has included medications, diagnostic studies, and status post back surgery x 6 hardware complications. He is not working. A physician progress note dated 07/01/2015 documents the injured worker complains of low back pain. On examination there is tenderness noted in the right and left lumbar paravertebral regions from L4 to S1. Lumbar range of motion is restricted and painful. Sensation was diminished in the L5-S1 distribution of the bilateral lower extremities. His thoracic spine has tenderness present of the thoracic paraspinal muscles. He can walk up to 45 minutes a day with the use of medications. He rates his pain as a 4-5 out of 10 with his medications and he is able to perform activities of daily living, which include household work-cooking, cleaning, washing dishes, and grocery shopping. With medications, he can perform these activities for up to 30 minutes and without medications he can only do such activities for 5-10 minutes. Without medications, he has to rest 70-80% of the day, and with medications his pain score reduces to 50-60%. Treatment requested is for Elavil 25mg #84 Refills: 1, MS Contin ER 15mg #56, MS Contin ER 15mg #56, Norco 10/325mg #112, Norco 10/325mg #112, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #112:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review, it is noted that the injured worker rated his pain 4-5/10 with the use of medications, a 50-60% reduction. He notes that when he takes medications he can perform household chores such as cooking, cleaning, washing dishes, and grocery shopping for up to 30 minutes at a time. Without medications, he is able to perform these activities for only 5-10 minutes at a time and has to take frequent rest. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contain evidence of ongoing UDS, the most recent was dated 7/21/14 and was consistent with prescribed medications. CURES were consistent. I respectfully disagree with the UR physician's assertion that the documentation did not support the ongoing use of this medication, the request is medically necessary.

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**MS Contin ER 15mg #56:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

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**Elavil 25mg #84 Refill: 1:** Upheld

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

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

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "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. 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." The documentation submitted for review did not contain findings consistent with neuropathic pain. As the requested medication is not indicated, the request is not medically necessary.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens, Cautionary red flags for patients that may potentially abuse opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

**Decision rationale:** MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical source." The documentation contains evidence of ongoing UDS reports, which have been consistent. The last documented UDS was 7/2014. As the guidelines recommend annual testing, the request is appropriate and medically necessary.