

Case Number:	CM15-0139164		
Date Assigned:	07/29/2015	Date of Injury:	04/23/1996
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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 60 year old male, who sustained an industrial injury on April 23, 1996. He reported neck pain and low back pain. The injured worker was diagnosed as having chronic pain syndrome, anxiety, chronic pain management, constipation, low back pain, neck pain, status post cervical spinal surgery and status post laminectomy of the lumbar spine. Treatment to date has included diagnostic studies, surgical intervention of the cervical and lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker continued to report lower back, neck, bilateral leg and shoulder pain. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 20, 2015, revealed continued pain as noted. He rated his pain at 2-3 out of 10 with 10 being the worst. He noted previous physical therapy was ineffective and previous non-steroidal anti-inflammatory drug (NSAID) therapy was ineffective. Mood and affect were noted as normal. Evaluation on March 13, 2015, revealed "unchanged" chronic pain since the previous visit. He noted the pain was moderate and rated it at 2 to 3 out of 10 with 10 being the worst pain. He denied anxiety and depression. Medications were continued. Evaluation on June 5, 2015, revealed continued pain as noted. He reported the pain as the same as the previous visit. Nortriptyline and Oxycodone were continued. Nortriptyline 25mg #30 with 11 refills and Oxycodone 30mg #90 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, Opioids dosing.

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: The current request is for Oxycodone 30mg #90. Treatment history included lumbar surgery (2006), physical therapy and medications. The patient is not working. MTUS, Criteria For Use Of Opioids, 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. According to progress report 06/05/15, the patient presents with continued low back, neck, bilateral leg and right shoulder pain. The treater has requested a refill of Oxycodone. The patient has been taking Oxycodone since 11/26/14. Report 01/26/15 notes that pain level is a 2/10. With the use of medications, he is able to "maintain his household." A UDS was obtained on this date. Per report 04/10/15, the patient is stable on meds and he is able to do all his ADL's with medication. In this case, only generic statement of medication efficacy is provided and 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." The treater has not provided all the 4A's, as required by MTUS for opiate management. This request IS NOT medically necessary.

Nortriptyline 25mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is for Nortriptyline 25mg #30 with 1 refill. Treatment history included lumbar surgery (2006), physical therapy and medications. The patient is not working. MTUS Guidelines, under Antidepressants for chronic pain pages 13-15 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." (Saarto-Cochrane, 2005) 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. According to progress report 06/05/15, the patient presents with continued low back, neck, bilateral leg and right shoulder pain. Per report 04/10/15, the patient's pain radiates into the bilateral legs and arms. He also report numbness in his feet. It is unclear when Nortriptyline was initiated. Progress report does not list Nortriptyline as a current medication. Only mention of the medication is in report 07/02/15, which notes "pt dc'd nortriptyline after 3 day trial due to drowsiness." In this case,

recommendation cannot be support as there is no discuss regarding the efficacy of this medication. There is no discussion as to when and why this medication was initiated. In addition, it appears the patient cannot tolerate the medication due to side effects. This request IS NOT medically necessary.