

Case Number:	CM15-0188512		
Date Assigned:	09/30/2015	Date of Injury:	08/26/1998
Decision Date:	11/10/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial-work injury on 8-26-98. He reported initial complaints of right ankle, low back, and shoulder pain. The injured worker was diagnosed as having tarsal tunnel syndrome, rotator cuff sprain-strain, and unspecified disorders of the shoulder bursa-tendon, shoulder region, sleep apnea, and depressive disorder. Treatment to date has included medication, steroid injection (2-3 days of relief), and acupuncture (no benefit). Currently, the injured worker complains of continued pain in the right ankle and increased pain in the low back due to the ankle pain and gait disturbance. He reports unstable ankle with falls. There was also sleep disturbance due to persistent pain. Pain was rated 9 out of 10 without medication and 5 out of 10 with medication. Work was modified with restriction. Meds include Elavil 25 mg at hs, Norco 10-325 mg, Gemfibrozil, Glipizide, Lisinopril, Metoprolol, Omeprazole, Simvastatin, and Tamsulosin Hcl. Per the primary physician's progress report (PR-2) on 8-4-15, exam noted pain behaviors, right sided antalgic and slow and wide gait, walks with a cane, and elevated blood pressure. Current plan of care includes medication and toxicology screen. The Request for Authorization requested service to include Urine toxicology screen, Qty 1 and Elavil 25 mg Qty 30 with 2 refills. The Utilization Review on 9-5-15 denied the request for Urine toxicology screen, Qty 1 and modified Elavil 25 mg Qty 30 with 1 refill, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, the associated request for Norco was not supported and no other Opioid medications were prescribed, therefore, the request for urine toxicology screen, Qty 1 is determined to not be medically necessary.

Elavil 25 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Elavil (Amitriptyline) is a tricyclic anti-depressant. Per MTUS guidelines, anti-depressants such as Elavil are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. In this case, the injured worker is noted to have neuropathic ankle pain with associated depression and sleep disturbances and there is documentation that reveals significant pain relief and increased function. Elavil is supported in this case, however, 2 refills is not supported because the injured worker should be monitored closely for continued efficacy. The request for Elavil 25 mg Qty 30 with 2 refills is determined to not be medically necessary.