

Case Number:	CM15-0213847		
Date Assigned:	11/03/2015	Date of Injury:	06/18/2010
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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 51-year-old male who sustained an industrial injury on 6-18-2010 and has been treated for cervical pain, radiculopathy, disc disorder, and post cervical laminectomy syndrome. On 9-17-2015, the injured worker reported neck pain radiating into both upper extremities. He also complained of headaches and upper back, mid-back and left shoulder pain. His bilateral arms were weak, and there was numbness and tingling in both hands. Objective findings included loss of cervical lordosis, restricted range of motion, and tenderness over the paravertebral muscles, spinous process and paracervical muscles and trapezius. Spurling's maneuver caused neck pain but no radicular symptoms. Cervical facet loading was positive on both sides. Light touch sensation was decreased over C5-C7 dermatome on the left side. Documented treatment includes physical therapy, home exercise, cervical steroid injections in 2010 and 2011, and he had cervical decompression and fusion 12-23-2013 but with "no significant relief." Medication prior to this visit had included Norco, Flexeril, Ibuprofen, and Zohydro 30 mg every 12 hours, noted in the records for at least six months. The physician started Elavil at this visit to "address neuropathic pain and insomnia caused by chronic pain." It was stated that adding a neuropathic agent would enable the tapering of opioids. Documentation stated no aberrant drug behaviors, and a urine drug screen was performed 9-17-2015. Pain contract was stated to have been "inadvertently" not signed but would be at the next visit. A request was submitted for a refill of Zohydro ER #30 and Amitriptyline #15, but they were non-certified on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 30mg capsule #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite 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. 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 Zohydro for at least 6 months now in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration.

Amitriptyline Hcl 50mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline.

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

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 continued pain complaints and associated insomnia. Report has noted the patient with complaints of persistent pain taking chronic medications without demonstrated specific functional improvement in terms of increased ADLs, decreased medication profile and medical utilization for this chronic 2010 injury. The Amitriptyline Hcl 50mg #15 is not medically necessary and appropriate.