MAXIMUS Federal Services

Case Number:	CM15-0214657		
Date Assigned:	11/04/2015	Date of Injury:	09/07/2013
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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 44 year old male who sustained an industrial injury on 9-7-2013. A review of medical records indicates the injured worker is being treated for status post left shoulder arthroscopy, status post left shoulder arthroscopy, bilateral L5 spondylosis and L1-L2 grade 1 retrolisthesis in combination with posterior disc protrusion L2-L3 disc protrusion, cervicalgia, thoracalgia, complete tear of the biceps anchor with distal retraction on the long head biceps tendon beyond the level of the bicipital groove, and mild osteoarthritis of the left acromioclavicular joint and mildly anterolateral downsloping orientation of the acromion. Medical records dated 9-9-2015 noted injuries to the soft tissue, head, cervical, thoracic, and lumbar spine. Pain was rated 8 out of 10. Pain had improved since the previous visit. Physical examination noted left shoulder range of motion had forward flexion at 140 degrees, extension at 40 degrees, abduction to 120 degrees, adduction to 40 degrees, and internal and external rotation to 70 degrees. Treatment has included Vicodin and Elavil since at least 9-9-2015. Utilization review form dated 10-2-2015 noncertified Vicodin 5-325mg #60 and Elavil 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg quantity 60: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going 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 non-adherent) 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." Review of the available medical records reveals no documentation to support the medical necessity of vicodin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/7/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Elavil 25mg quantity 30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD.

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) Per the medical records submitted for review, it was noted that the injured worker had an overall score of 39 on the Beck Depression Inventory, indicating severe depression. I respectfully disagree with the UR physician's assertion that antidepressant was not indicated. The requested medication is indicated for the injured worker's depression. The request is medically necessary.