

Case Number:	CM15-0045209		
Date Assigned:	03/17/2015	Date of Injury:	04/20/1991
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 73 year old female, who sustained an industrial injury on 04/20/1991. Initial complaints reported included low back pain. The injured worker was diagnosed as having lower extremity radiculitis. Treatment to date has included conservative care, medications, MRI, CT scans and x-rays of the lumbar spine, and 7 lumbar spine surgeries. Currently, the injured worker complains of chronic low back pain rated 5/10 in severity. Current diagnoses include chronic multifactorial lower back pain on an industrial basis, status post lumbar spine surgery syndrome. The treatment plan consisted of continuation of medications (refills), possible future interventional injections, continued home exercise program, and follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fentanyl 75mcg #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnosis is chronic multifactorial lower back pain, status post lumbar spine surgery syndrome. The injured worker's date of injury is April 20, 1991. The oldest progress note a medical record is March 3, 2008. At that time, Fentanyl 125mcg was prescribed in addition to Soma, Ambien, Oxycodone, and Wellbutrin. A progress note in the medical record dated September 15, 2014 shows the injured worker is taking Elavil and Fentanyl 75mcg. The injured worker attains adequate symptom relief at this dosing. Fentanyl 75 mcg results in a morphine equivalent dose (MED) of 180 (120 upper limit of normal). Utilization review physicians recommended reducing Fentanyl to 50mcg that one in turn lower the MED. Additionally, the documentation did not contain evidence of objective functional improvement, a risk assessment for detailed pain assessments. Consequently, absent compelling clinical documentation with objective functional improvement with an MED 180, Fentanyl 75mcg #15 is not medically necessary.

Elavil 50mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Elavil 50 mg #30 with one refill is not medically necessary. Antidepressants 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 ineffective, poorly tolerated or contraindicated. In this case, the injured worker's working diagnosis is chronic multifactorial lower back pain, status post lumbar spine surgery syndrome. The injured worker's date of injury is April 20, 1991. The oldest progress note a medical record is March 3, 2008. At that time, Fentanyl 125mcg was prescribed in addition to Soma, Ambien, Oxycodone, and Wellbutrin. A progress note in the medical record dated September 15, 2014 shows the injured worker is taking Elavil and Fentanyl 75mcg. The utilization review shows a duplicate request for Elavil (amitriptyline) was submitted. A request for Amitriptyline 50 mg #30 with two refills was authorized February 6, 2015. A similar request for Elavil (brand name for Amitriptyline) 50 mg #30 with one refill was denied February 6, 2015 as a duplicate submission. Consequently, the treating physician submitted a duplicate request for Amitriptyline under the brand name Elavil and, as a result, Elavil 50 mg #30 with one refill is not medically necessary.

