

Case Number:	CM15-0045774		
Date Assigned:	03/18/2015	Date of Injury:	07/30/1998
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
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: Georgia, California, Texas

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 64 year old female, who sustained an industrial injury on 7/30/1998. She has reported back pain after attempting to prevent a patient's fall. The diagnoses have included status post lumbar fusion, cervical sprain/strain and left shoulder sprain/strain. Treatment to date has included medication therapy, epidural injection, and radiofrequency ablation, status post L3-S1 fusion in 2003 with subsequent hardware removal in 2007 and addition fusion 2009. Currently, the IW complains of neck pain, left shoulder and mid-low back pain. The physical examination from 2/11/15 documented bilateral trapeze and paraspinal muscle tenderness and spasms. There was decreased Range of Motion (ROM) in cervical and lumbar spine. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Usage of Elaval (Amitriptyline): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16 of 127.

Decision rationale: Elavil (amitriptyline) is a tricyclic antidepressant. Although injured worker (IW) has a documented history of depression, based upon low dose of amitriptyline currently used this medication appears to be primarily for treatment of her chronic neuropathic pain. (Per office notes she is also receiving the antidepressant venlafaxine.) MTUS recommends antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Based upon the documented symptomatic and functional improvement with the current medication regimen, the requested Elavil is medically necessary and is consistent with MTUS recommendations.

Usage of Lyrica: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20 of 127.

Decision rationale: MTUS recommends antiepilepsy drugs (AEDs) as a first-line option for treatment of neuropathic pain. Office notes document significant symptomatic and functional response to ongoing use of Lyrica. The requested Lyrica is medically necessary and is consistent with MTUS recommendations.

Usage of Norco: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted documentation, IW reports significant symptomatic and functional improvement on opioid medications. Specifically, she is able to walk one mile every other day with medications but not without, and she is considering return to employment. Recent urine drug screen was consistent with prescribed medication regimen, and no aberrant behaviors are documented. No medication side effects are documented. The "4 A's"

appear to be satisfied. The requested Norco is medically necessary and is consistent with MTUS recommendations.