

Case Number:	CM15-0047637		
Date Assigned:	03/19/2015	Date of Injury:	09/19/2005
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, 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 applicant is a represented 62-year-old who has filed a claim for chronic elbow, hand, shoulder, and low back pain reportedly associated with an industrial contusion injury of September 19, 2005. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for Elavil, Duragesic, Norco, and a Tempur-Pedic mattress. The applicant's attorney subsequently appealed. In a March 12, 2015 letter, the attending provider went on to appeal all of the denials. In a progress note dated February 19, 2015, the applicant reported 5/10 pain complaints with medications versus 7/10 pain without medications. The attending provider stated that the applicant's current mattress was three years old and the applicant needed a new mattress, as her current mattress was uncomfortable. The attending provider stated that the applicant was still smoking a half pack a day. The attending provider stated that the applicant's medications were ameliorating her ability to perform activities of daily living such as cooking and cleaning. The applicant's permanent work restrictions were renewed. It did not appear that applicant was working with permanent limitations in place. At the bottom of the report, the attending provider stated the applicant's ability to perform activities of self-care and personal hygiene were reportedly ameliorated the results of ongoing medication consumption. Elavil, Duragesic, Norco, and Soma were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline Hcl 25mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: No, the request for amitriptyline (Elavil) a tricyclic antidepressant was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline or Elavil, a tricyclic antidepressant, is recommended in the chronic pain context present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was seemingly off work, as of the date of the request. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit, despite ongoing amitriptyline (Elavil) usage. The attending provider failed to outline any meaningful or material improvements in function affected because of ongoing Elavil (amitriptyline) usage. Therefore, the request was not medically necessary.

Fentanyl 25mg mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was no longer working following imposition of permanent work restrictions, the treating provider suggested on February 19, 2015. While the attending provider did recount some reported reduction in pain scores from 7/10 without medications and 5/10 with medications, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Duragesic usage (if any). The applicant commented to the effect that her ability to perform activities of self care and personal hygiene have improved as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful or substantive improvement effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was seemingly off work as of the February 19, 2015 office visit on which Norco was renewed. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work, and the attending provider's failure to identify any meaningful or material improvements in function effected as a result of ongoing opioid therapy (if any). The applicant's commented to the effect that her ability to perform activities of self care and personal hygiene have been ameliorated as a result of ongoing medication consumption did not, in and of themselves, constitute evidence of a meaningful or material improvement in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

Tempurpedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Devices > Sleeping Surfaces Recommendation: Other Sleeping Surfaces for Treatment of Low Back Pain There is no recommendation for or against the use of optimal sleeping surfaces (e.g., bedding, water beds, and hammocks) for treatment of low back pain. It is recommended that patients select mattresses, pillows, bedding, or other sleeping options that are most comfortable for them. Strength of Evidence No Recommendation, Insufficient Evidence (I).

Decision rationale: Finally, the request for a Tempur-Pedic mattress was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that there was no recommendation for or against usage of mattress, pillows, hammocks, or other optimal sleeping services. Rather ACOEM suggests that applicant selects those sleeping options, which are most comfortable for them. Thus, ACOEM, in effect, notes that mattress and like are articles of applicant preference as opposed to articles of payor responsibility. Therefore, the request was not medically necessary.