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| Case Number: | CM15-0054052 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 01/03/1999 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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 60 year old female, who sustained an industrial injury on 01/03/1999. According to a progress report dated 02/27/2015, the injured worker complained of lower back pain and leg pain. Medications were helping to take the edge off of her pain and allowed her to function in her activities of daily living including hygiene, walking short distances and resting at night. Diagnoses included failed back syndrome lumbar, radiculopathy lumbar spine and fibromyalgia/myositis. Treatment plan included Morphine, Amitriptyline and Soma. An EKG was requested related to prolongation of QT interval in light of the chronic amitriptyline. The injured worker was to begin slowly weaning down Morphine and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 100mg quantity 60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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. The documentation submitted for review indicates that the injured worker complained of lower back pain radiating into the right anterior thigh, with associated objective finding of numbness in the right lateral thigh. As amitriptyline is recommended as a first line option for neuropathic pain, the request is indicated. However, the medical necessity of a two month supply cannot be affirmed as it is noted that the injured worker was to begin weaning. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.

Morphine 30mg quantity 150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 nonadherent) 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. The documentation submitted for review indicates that the use of this medication allows the injured worker to continue to perform ADLs such as hygiene, walking short distances, and laying down or sitting. With the medication she is better able to rest at night. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Per the documentation submitted, it is noted that the injured worker was in the progress of a wean. As such, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.