

Case Number:	CM15-0064490		
Date Assigned:	04/10/2015	Date of Injury:	08/25/2010
Decision Date:	07/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 25, 2010. In a Utilization Review Report dated March 10, 2015, the claims administrator failed to approve requests for omeprazole, Elavil, Norco, and MS Contin, apparently prescribed and/or dispensed on February 19, 2015. The applicant's attorney subsequently appealed. On April 6, 2015, the applicant reported persistent complaints of low back and knee pain, currently scored at 8/10. The applicant then stated his pain score would drop to 4/10 with medication from 10/10 without medication. The attending provider stated that omeprazole had attenuated the applicant's issues of heartburn while Elavil was ameliorating his issues with insomnia. It was stated that Elavil was also being used for neuropathic pain complaints. MS Contin and Norco too were continued. The attending provider stated that the applicant is sitting, standing, and walking tolerance were ameliorated with his ongoing medication consumption. This was not expounded upon. The applicant's work status was not detailed, although it did not appear that the applicant had returned to work. In a March 30, 2015 progress note, the applicant's spine surgeon placed the applicant off work, on total temporary disability, status post earlier lumbar spine surgery on December 20, 2014. The applicant was described as having worsened over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DOS 2/19/15 Norco (Hydrocodone/Acetaminophen) 10/325mg 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was 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. The applicant was off work, on total temporary disability, as of the date of the request, it was suggested above. While the attending provider did recount some reported reduction in pain scores affected because of ongoing Norco usage, these reports were, however, outweighed by the attending provider's failure to outline meaningful or material improvements in function affected because of ongoing opioid therapy. The attending provider's commentary to the fact that any activity made the applicant's pain worse on April 6, 2015, coupled with the applicant's failure to return to work, did not make compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Retrospective: DOS 2/19/15 Amitriptyline (Elavil) 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: Conversely, the request for Amitriptyline (Elavil) was medically necessary, medically appropriate, and indicated here. As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, Amitriptyline, a tricyclic antidepressant, is recommended in the chronic pain context present here. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage efficacy. Here, the requesting provider did suggest that ongoing usage of Amitriptyline (Elavil) had attenuated the applicant's symptoms of pain-induced insomnia. It did appear, on balance, that Amitriptyline (Elavil) was generating some admittedly slim benefit here. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retrospective: DOS 2/19/15 Omeprazole (Prilosec) 40mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia apparently present here. The attending provider, moreover, stated on April 6, 2015 that ongoing usage of omeprazole had attenuated the applicant's symptoms of reflux. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retrospective: DOS 2/19/15 MS Contin (Morphine) 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: Finally, the request for MS Contin, a long-acting opioid, was 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, the applicant was off work, on total temporary disability, as of the date of the request. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing opioid usage in his April 2015 notes, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing opioid therapy. The attending provider's commentary on April 6, 2015 to the fact that all activities made the applicant's pain worse did not make a compelling case for continuation of opioid therapy with MS Contin, particularly when viewed in the context of the applicant's failure to return to work. Therefore, the request was not medically necessary.