

Case Number:	CM15-0066429		
Date Assigned:	04/14/2015	Date of Injury:	07/01/1999
Decision Date:	07/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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 66-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of July 1, 1999. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Elavil, Duragesic, and Dilaudid. The claims administrator referenced a March 17, 2015 RFA form and an associated progress note of March 5, 2015 in its determination. The applicant's attorney subsequently appealed. On February 5, 2015, the applicant reported 10/10 pain without medications versus 6/10 with medications. The attending provider contended that the applicant's medications were working well but did not elaborate further. The applicant was on Elavil, Duragesic, Dilaudid, Lidoderm patches, Levoxyl, and Restoril, it was reported. The applicant's past medical history was notable for hypothyroidism and sleep apnea. The applicant was fatigued, anxious, and tearful in the clinic, it was reported. The applicant exhibited a visibly antalgic gait in the clinic setting. The attending provider stated that the applicant would be bedridden without her medications. The applicant was placed off of work, on total temporary disability. The attending provider maintained that the applicant's medications were keeping her pain tolerable. The attending provider stated that ongoing usage of Elavil was ameliorating the applicant's sleep and/or augmenting her mood to some degree.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for Elavil (amitriptyline), a tricyclic antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as amitriptyline (Elavil) may be helpful to alleviate symptoms of depression, as were/are present here. Here, the attending provider did posit that ongoing usage of amitriptyline (Elavil) had attenuated the applicant's depressive symptoms to some extent, augmented the applicant's mood, and augmented the applicant's sleep. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Duragesic 25 mcg/hr patch, ten count: Upheld

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

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

Decision rationale: Conversely, the request for Duragesic, 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 as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged above. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, 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 effected as a result of ongoing opioid usage (if any). The attending provider's commentary to the effect that the applicant would be bedridden without her medications did not constitute evidence of a meaningful, material, and/or significant improvement in function effected as a result of the same. Therefore, the request is not medically necessary.

Duragesic 12 mcg/hr patch, ten count: Upheld

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

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

Decision rationale: Conversely, the request for Duragesic, 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 as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged above. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, 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 effected as a result of ongoing opioid usage (if any). The attending provider's commentary to the effect that the applicant would be bedridden without her medications did not constitute evidence of a meaningful, material, and/or significant improvement in function effected as a result of the same. Therefore, the request is not medically necessary.

Dilaudid 4 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91 - 93.

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

Decision rationale: Finally, the request for Dilaudid, 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 as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was suggested above. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, 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) effected as a results of ongoing opioid usage. Therefore, the request is not medically necessary.