

<b>Case Number:</b>	CM14-0124422		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 64 year old female with complaints of neck pain/headache pain, low back pain, wrist pain, knee pain. The date of injury is 10/13/04 and the mechanism of injury is a motor vehicle accident (she was driving a school van which was struck by another vehicle on the highway, spin out accident) which has led to her current symptoms. At the time of request for Oxycontin CR 20mg #60 and Elavil 25mg #60, there is subjective neck pain/headache pain, low back pain, wrist pain, knee pain and objective restricted range of motion lumbar spine, restricted range of motion cervical spine with pain, diminished sensory anterolateral left lower extremity, straight leg raise positive left side. Imaging findings on the 6/30/14 MRI lumbar spine shows L3-4 posterior lateral extension of annulus slightly increased, degenerative changes facets, L4-5 anterior fusion with hardware, solid fusion, degenerative changes noted, lateral recess stenosis, L5-S1 anterior fusion with hardware. The diagnoses are lumbago, lumbosacral neuritis/radiculitis, cervical spondylosis without myelopathy, and cervicalgia. Treatment to date includes medications, epidural steroids, surgical decompression fusion C4 thru C7 and L4 thru S1, and physical therapy. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Amitriptyline is a tricyclic antidepressant and is generally considered a first line agent for the indication of treating chronic neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Oxycontin CR 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Oxycontin; Op.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for Oxycontin 20mg tablet #60 is medically necessary.

**1 Prescription of Elavil 25mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding anti-depressa.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Amitriptyline>

**Decision rationale:** Per ODG, Amitriptyline is a tricyclic antidepressant and is generally considered a first line agent for the indication of treating chronic neuropathic pain. Therefore, the request for Elavil 25mg #60 is medically necessary.