MAXIMUS Federal Services

Case Number:	CM14-0129720		
Date Assigned:	09/18/2014	Date of Injury:	05/18/2000
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 63 year-old patient sustained an injury on 5/18/2000 while employed by [redacted]. Request(s) under consideration include Endocet 10/325mg #120 and Elavil 50mg #30. Report of 7/22/14 from the provider noted the patient with persistent low back pain radiating down right hip rated at 6/10. Exam showed tenderness over trapezius, levator scapula and splenius capitus, and iliolumbar with pain on flex, extension. Savella did not provide benefit. Conservative care has included therapy, medications, TENS, H-wave home unit, and modified activities/rest. Drug testing has been consistent per report with resultant "low risk" score on COMM test (Current Opioid Misuse Measure). There was no indication for aberrant behaviors or risk of misuse, abuse or addiction presented. The request(s) for Endocet 10/325mg #120 and Elavil 50mg #30 were non-certified on 7/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management. Page(s): 74-96.

Decision rationale: This 63 year-old patient sustained an injury on 5/18/2000 while employed by [redacted]. Request(s) under consideration include Endocet 10/325mg #120 and Elavil 50mg #30. Report of 7/22/14 from the provider noted the patient with persistent low back pain radiating down right hip rated at 6/10. Exam showed tenderness over trapezius, levator scapula and splenius capitus, and iliolumbar with pain on flex, extension. Savella did not provide benefit. Conservative care has included therapy, medications, TENS, H-wave home unit, and modified activities/rest. Drug testing has been consistent per report with resultant "low risk" score on COMM test (Current Opioid Misuse Measure). There was no indication for aberrant behaviors or risk of misuse, abuse or addiction presented. The request(s) for Endocet 10/325mg #120 and Elavil 50mg #30 were non-certified on 7/31/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Endocet 10/325mg #120 is not medically necessary and appropriate.

Elavil 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: This 63 year-old patient sustained an injury on 5/18/2000 while employed by [redacted]. Request(s) under consideration include Endocet 10/325mg #120 and Elavil 50mg #30. Report of 7/22/14 from the provider noted the patient with persistent low back pain radiating down right hip rated at 6/10. Exam showed tenderness over trapezius, levator scapula and splenius capitus, and iliolumbar with pain on flex, extension. Savella did not provide benefit. Conservative care has included therapy, medications, TENS, H-wave home unit, and modified activities/rest. Drug testing has been consistent per report with resultant "low risk" score on COMM test (Current Opioid Misuse Measure). There was no indication for aberrant behaviors or risk of misuse, abuse or addiction presented. The request(s) for Endocet 10/325mg #120 and Elavil 50mg #30 were non-certified on 7/31/14. Per Guidelines, 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; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this 2000 injury with ongoing chronic pain complaints. Report has noted the patient with complaints of persistent pain taking chronic opiates without improvement. Functional improvement has not been demonstrated to meet guidelines criteria for continued use. The Elavil 50mg #30 is not medically necessary and appropriate.