

Case Number:	CM14-0135657		
Date Assigned:	08/29/2014	Date of Injury:	05/18/2000
Decision Date:	10/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Neurological Surgery 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:

The records presented for review indicate that this 63-year-old female was reportedly injured on May 18, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of low back pain radiating to the right hip pain rated at 6/10. The physical examination demonstrated tenderness over the lumbar spine, trapezius, and levator scapulae. There was pain with flexion and extension. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Endocet and Elavil and was not certified in the pre-authorization process on August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Endocet (oxycodone/acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

Decision rationale: The California MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications

should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Endocet 10/325 mg #30 is not medically necessary.

Elavil 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15 of 127..

Decision rationale: The California MTUS guidelines support the use of tricyclic antidepressants such as Elavil in chronic pain management and consider tricyclics a first-line option in the treatment of neuropathic pain. The progress note dated July 22, 2014, does not indicate any complaints of neuropathic pain nor are there any abnormal neuropathic findings found on physical examination. As such, this request for Elavil 50 mg #30 is not medically necessary and appropriate.