MAXIMUS Federal Services

Case Number:	CM14-0142651		
Date Assigned:	09/10/2014	Date of Injury:	09/27/2010
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 42-year-old male with a date of injury of 09/27/2010. The listed diagnoses are discogenic low back pain, L4-L5 and L5-S1 with discogenic scoliosis, and status post hardware removal of left ankle on 11/22/2011. According to a progress report dated 08/04/2014, the patient presents with continued low back pain. Examination of the lower back revealed tenderness to palpation of the lower lumbar paraspinals. Range of motion of the lumbar spine is 50% of normal with flexion and extension. The treating physician is requesting Amitriptyline (Elavil) 10mg #72 and Norco 10/325mg #60. Utilization Review denied the request on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 116, and on the Non-MTUS Official Disability Guidelines (ODG), Criteria for use of opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioids Page(s): 88-89.

Decision rationale: This patient presents with continued low back pain. The treating physician is requesting a refill of Hydrocodone/Acetaminophen 10/325mg #60. The MTUS Guidelines, on pages 88-89, state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS, on page 78, also requires documentation of the 4 'A's (analgesia, activities of daily living, adverse side effects, and adverse behavior), as well as a "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and the duration of pain relief. A review of the medical file indicates the patient has been taking this medication since at least 03/03/2014. In this case, the treating physician does not provide pain assessments or outcomes measures as required by the MTUS. Furthermore, the treating physician does not discuss functional improvement, ADLs (activities of daily living), or changes in quality of life. There is also no drug screening, discussion of possible aberrant behaviors, or side effects. Given the lack of sufficient documentation for opiate management, this request is not recommended as medically necessary or appropriate.

Amitriptyline HCL 10mg #72: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline - Specific studied disease states Page(s): 13-14.

Decision rationale: This patient presents with continued low back pain. The treating physician is requesting a refill of Amitriptyline (Elavil) 10mg #72. Review of the medical file indicates the patient has been prescribed this medication since at least 03/03/2014. ODG states the following: "Sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, there is no indication that this patient suffers from depression. ODG recommends Amitriptyline to treat insomnia with coexisting depression. It can also be used for neuropathic pain; however, the treating physician does not describe neuropathic pain in this case. Therefore, this request is not recommended as medically necessary or appropriate.