

Case Number:	CM15-0171301		
Date Assigned:	09/11/2015	Date of Injury:	04/06/2011
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 injured worker is a 52 year old female who sustained an industrial injury on 04-06-2011. Documentation shows that the injured worker is being treated for neck pain, upper back pain, low back pain, anxiety state unspecified, left S1 nerve root radiculopathy, lumbago, dysthymic disorder, chronic pain syndrome, myalgia and myositis unspecified, other symptoms referable to back, degeneration of thoracic or thoracolumbar intervertebral disc, degeneration of cervical intervertebral disc, cervicalgia, lumbar spondylolysis, spondylolisthesis of lumbar region and facet syndrome lumbar L5-S1. According to a progress report dated 08-19-2015, the injured worker was taking Percocet for breakthrough pain, Effexor for depression due to chronic pain, Gralise for neuropathic pain Elavil for difficulty sleeping due to chronic and neuropathic pain, Ambien for difficulty sleeping due to chronic pain, Xanax for anxiety due to chronic pain and Flexeril for acute flare ups of muscle spasms. "She can walk 15 minutes longer with the help of her medications which also allow her to complete her ADL's." Nucynta ER had been denied. The provider noted that Nucynta ER helped with chronic pain and allowed the injured worker to take less Percocet. She was started on Oxycontin at her last appointment. She reported that it did not help as much as the Nucynta ER but she was happy with the amount of pain relief she was getting from it. She reported that she slept walk twice since starting it but tried to take it earlier in the day and not take Percocet close to the Oxycontin. She continued with massage and physical therapy and was happy with the pain relief provided. She reported pain in her neck and head was aching and stabbing. She reported stabbing in the low back that radiated into her lower extremities. Pain was rated 10 on a scale of 1-10 without pain medications and 7 with pain

medications. "Pain was unchanged since her last appointment". Physical examination of the cervical spine demonstrated decreased range of motion secondary to pain. Strength was 5- out of 5 in the bilateral upper extremities due to pain. Sensation was intact and equal. Deep tendon reflexes were +1 and symmetric. Spurling's sign was negative. There was no clonus or increased tone. Hoffman's sign was negative bilaterally. There was tenderness over the cervical paraspinals. There was tenderness over the facet joints C4-5 through C6-7 bilaterally. Electrodiagnostic studies on 10-26-2012 showed abnormal study with degenerative radiculopathic process involving the S1 nerve root on the left lower extremity. MRI of the lumbar spine on 04-03-2012 showed advanced facet arthropathy degeneration and capsulitis at L5-S1 with moderate foraminal narrowing, L4-5 facet hypertrophy with moderate to moderately severe narrowing of the left foraminal entrance zone at L4-5 level. There were also 2 facet synovial cysts. Small annular fissure, slight degenerative type retrolisthesis and spondylotic changes at L3-4 without significant narrowing was noted. The provider noted that a prescription was written for Percocet 5-325 mg twice a day, Elavil 25 mg two every bed time and Oxycontin 10 mg every 12 hours. Medications dispensed included Flexeril 7.5 mg one twice a day #60, Xanax 0.5 mg twice a day and Effexor XR 75 mg 3 tabs every day #60. She did not need a refill of Ambien. She had refills of Gralise. She was to continue physical therapy for her neck. The provider noted that it allowed her to take less Flexeril, Xanax and Percocet. The most recent urine drug screen report submitted for review was dated 04-21-2015 and was positive for Methadone. Documentation submitted for review shows use of Elavil dating back to 2014 and Percocet dating back to 03-25-2015. On 08-26-2015, Utilization Review non-certified Oxycontin 10 mg #60, Percocet 50-325 mg #60, Elavil 25 mg #60 with 3 refills per 08-19-2015 order and ice pack #1 per 08-19-2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Function is described as severely affected by pain with minimal improvement documented with the use of narcotics. No reports show specific functional improvement benefit from use of this medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The injured worker reported pain was unchanged from appointment to appointment following the institution of Oxycontin. Additionally, the request does not include dosing or frequency. As currently prescribed, Oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Percocet 5/325 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Function is described as severely affected by pain with minimal improvement documented with the use of narcotics. No reports show specific functional improvement benefit from use of this medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Additionally, the request does not include dosing or frequency. As currently prescribed, Percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Elavil 25 Mg #60 With 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

Decision rationale: Elavil is a tricyclic antidepressant. According to CA MTUS chronic pain guidelines, tricyclic antidepressants are recommended as a first line option for neuropathic pain with analgesic efficacy generally noted within a few days to week following initiation of treatment. Further guidelines recommend assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the provider continues to prescribe the same medications without indication of reliance on any of the medications. The request does not include dosing frequency. Additionally, the request includes 3 refills. This does not support ongoing monitoring and reassessment of the IW's response to medications. Without this documentation, the request for Elavil is not medically necessary in accordance with MTUS guidelines.

Ice Pack #1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Cold/heat packs.

Decision rationale: Ca MTUS is silent on this topic. According the above referenced guideline, "Recommended as an option for acute pain. An at-home local application of cold packs in first few days of acute complaint thereafter, applications of heat packs or cold packs." Guideline further states, "There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function." The injured worker was injured in 2011. The injury is well beyond the acute phase. The documentation does not support a new injury or finding on examination. Without the support of documentation or the guidelines, the request for an ice pack is determined not medically necessary.