

Case Number:	CM15-0172510		
Date Assigned:	09/14/2015	Date of Injury:	08/24/2000
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old male who sustained an industrial injury on 8-24-00. Progress report dated 7-27-15 reports continued complaints of pain and disability with reduced range of motion to head and neck. Diagnoses include: cervical spondylosis with myelopathy and chronic pain. Plan of care includes: chronic pain management with pain medications, oxycodone 20 mg 1 every 4 hours as needed, #120 and amitriptyline 50 mg 1 per day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20 mg #120: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, oxycodone 20 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain. Date of injury is August 24, 2000. Request for authorization is August 10, 2015. According to a progress note dated April 7, 2015, current medications include amitriptyline (start date February 17, 2015) and oxycodone and OxyContin (start date February 17, 2015) and Valium. There are no pain scores in the record. According to the most recent progress note dated July 27, 2015, the worker's subjective complaints include chronic low back pain; neuropathy; muscle weakness; and tremor. Objectively, there is no musculoskeletal examination. Examination of the heart and lungs are unremarkable. Utilization review states amitriptyline was started November 2014. There is no documentation in the medical record of depression or neuropathic symptoms or signs. Recommendations for oxycodone weaning were noted in utilization review #3028609. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Documentation does not demonstrate objective functional improvement to support ongoing oxycodone. There is no ultimate rationale for oxycodone and a long-acting opiate, OxyContin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, recommendations for weaning according to #302-8609 and no detailed pain assessments or risk assessments, oxycodone 20 mg #120 is not medically necessary.

Amitriptyline 50 mg #30: 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): Amitriptyline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, amitriptyline 50 mg #30 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week or as antidepressant effects take longer to her. In this case, the injured worker's working diagnoses are chronic pain. Date of injury is August 24, 2000. Request for authorization is August 10, 2015. According to a progress note dated April 7, 2015, current medications include amitriptyline (start date February 17, 2015) and oxycodone and OxyContin (start date February 17, 2015) and Valium. There are no pain scores in the record.

According to the most recent progress note dated July 27, 2015, the worker's subjective complaints include chronic low back pain; neuropathy; muscle weakness; and tremor. Objectively, there is no musculoskeletal examination. Examination of the heart and lungs are unremarkable. Utilization review states amitriptyline was started November 2014. There is no documentation in the medical record of depression or neuropathic symptoms or signs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for amitriptyline in the absence of depression and or neuropathic symptoms and signs and no documentation demonstrating objective functional improvement support ongoing amitriptyline, amitriptyline 50 mg #30 is not medically necessary.