

Case Number:	CM15-0064732		
Date Assigned:	04/10/2015	Date of Injury:	03/09/1999
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old woman sustained an industrial injury on 3/9/1999. The mechanism of injury is not detailed. Diagnoses include lumbar post-laminectomy syndrome, lumbar spine radiculopathy, lumbar spine pain, muscle spasm, and chronic insomnia. Treatment has included oral medications and surgical intervention. Physician notes dated 3/10/2015 show complaints of low back and bilateral knee pain rated 6-8/10. Recommendations include refill Oxycontin and Ibuprofen, continue exercise program, aquatic therapy or walk, daily stretches, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The request is for Oxycontin 80 mg, #90 for chronic low back and knee pain. Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. Opioids appear to be efficacious for short-term relief of chronic back pain, but long-term efficacy is unclear (greater than 16 weeks). Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternate therapy. This patient is on a high dose of Oxycontin which carries significant risk of side effects. There is no documentation of adequate pain relief or functional improvement while on Oxycontin for long-term pain relief. Further long-term use is not warranted and a request for a tapering dose to wean the patient from opioids should be requested. The request is not medically necessary or appropriate at this time.

Elavil 100mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Off-label use of Elavil for insomnia.

Decision rationale: The request is for Elavil 100 mg, #30. The documentation provided indicates that the patient is being prescribed Elavil as a sleep aid. However there is no documentation of functional improvement in sleep, with notes indicating that the patient is awakening five times/night while taking the Elavil. This indicates a lack of response to the off-label use of Elavil for insomnia. Therefore, the request is not medically necessary or appropriate.