

Case Number:	CM15-0065162		
Date Assigned:	04/13/2015	Date of Injury:	04/03/2013
Decision Date:	05/13/2015	UR Denial Date:	04/06/2015
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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 04/03/2013. She reported an injury to her low back. The injured worker is currently diagnosed as having sacroiliitis, pain in joint to pelvic and thigh regions, and lumbosacral intervertebral disc degeneration. Treatment to date has included acupuncture, physical therapy, chiropractic treatment, Transcutaneous Electrical Nerve Stimulation Unit, injections, shockwave treatment, cervical MRI, thoracic MRI, lumbar MRI, and medications. In a progress note dated 03/10/2015, the injured worker presented with complaints of increased tail bone pain. The treating physician reported requesting authorization for Percocet and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120, 1 tablet by mouth every 6-8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): s 76-78 and 88-89.

Decision rationale: The patient complains of lower back pain that radiates to left lower extremity, as per progress report dated 04/06/15. The request is for PERCOCET 10/325 mg # 120 1 TABLET BY MOUTH EVERY 6-8 HOURS. The RFA for the case is 03/11/15, and the patient's date of injury is 04/03/13. Diagnoses, as per progress report dated 03/10/15, included sacroiliitis, pain in joint in pelvic and thigh region, and degeneration of lumbar/lumbosacral intervertebral disc. Medications, as per the same progress report, included Percocet, Amitriptyline, Medrol, Pinnacle compounded cream, Benadryl, Gabapentin, Restoril, and Ambien. The patient is off work, as per progress report dated 04/06/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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 duration of pain relief. In this case, a prescription of Percocet is first noted in progress report dated 08/13/14, and the patient has been taking the medication consistently at least since then. Prior progress reports document the use of Norco. In progress report dated 01/13/15, the treating physician states that medications help reduce pain from 10/10 to 7/10. They keep the patient "functional, allowing for increased mobility, and tolerance of ADLs and home exercises." In the same report, the physician states that there are no side effects and no signs of aberrant behavior or abuse. UDS and CURES reports are consistent. However, the physician does not use a validated scale to document objective improvement in function. Additionally, as per a more recent report dated 03/10/15, the pain is rated at 10/10 with or without medications. The physician also states that the patient has "tried and failed Percocet 5/325, Restoril 15 mg, Ambien 5 mg, and Amitriptyline due to lack of therapeutic effects, side effects or insurance denials." Given the lack of efficacy, the request IS NOT medically necessary.

Amitriptyline 50mg #60, 2 tablets by mouth every night at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): s 13-15.

Decision rationale: The patient complains of lower back pain that radiates to left lower extremity, as per progress report dated 04/06/15. The request is for AMITRIPTYLINE 50 mg # 60, 2 TABLETS BY MOUTH EVERY NIGHT AT BEDTIME. The RFA for the case is 03/11/15, and the patient's date of injury is 04/03/13. Diagnoses, as per progress report dated 03/10/15, included sacroiliitis, pain in joint in pelvic and thigh region, and degeneration of lumbar/lumbosacral intervertebral disc. Medications, as per the same progress report, included Percocet, Amitriptyline, Medrol, Pinnacle compounded cream, Benadryl, Gabapentin, Restoril, and Ambien. The patient is off work, as per progress report dated 04/06/15. MTUS Chronic Pain Medical Treatment Guidelines, pages 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, a prescription for Amitriptyline is first noted in progress report dated 09/25/14,

and the patient has received the medication consistently at least since then for "chronic neuropathic pain." The treating physician, however, does not specifically document the efficacy of the medication in terms of reduction in pain and improvement in function, as required by MTUS page 60. In fact, in progress report dated 03/10/15, the treating physician states that the patient has "tried and failed Percocet 5/325, Restoril 15 mg, Ambien 5 mg, and Amitriptyline due to lack of therapeutic effects, side effects or insurance denials." Hence, the request IS NOT medically necessary.