

Case Number:	CM15-0077141		
Date Assigned:	04/28/2015	Date of Injury:	08/21/1997
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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 66 year old male, who sustained an industrial injury on 08/20/1997. He reported an injury to his lower back. The injured worker is currently diagnosed as having lumbago and myofascial pain syndrome. Treatment and diagnostics to date has included lumbar surgery, lumbar MRI, electrodiagnostic testing, medications. In a progress note dated 03/03/2015, the injured worker presented with complaints of ongoing lower back pain. The treating physician reported requesting authorization for Elavil and MSER (Morphine Sulfate Extended Release).

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 100mg, quantity: 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13,16,107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Elavil 100 mg #30 with two refills 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 workers working diagnoses are low libido, low back pain; myofascial pain syndrome; and fibromyalgia. The medical record contains 60 pages. The earliest progress note in the medical record is dated October 7, 2014. On October 7, 2014, the worker had a pain scale of 9/10 with medications. The injured worker was taking Elavil 100 mg one tablet at bedtime, Morphine sulfate extended release 60 mg one tablet every eight hours, Lunesta and gabapentin. The most recent progress note in the medical record is dated March 3, 2015. The injured worker was still taking Morphine sulfate extended release 60 mg and Elavil 100 mg po HS. VAS pain scale was 7/10 with medications and 9/10 without medications. There is no history of depression or anxiety documented in the medical record. There is no documentation of objective functional improvement with persistently elevated VAS pain scores. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Elavil 100mg, Elavil 100 mg #30 with two refills is not medically necessary.

MSER (Morphine Sulfate Extended-Release) 60mg, quantity: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine Sulfate Extended Release 60 mg #90 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 by the 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 workers working diagnoses are low libido, low back pain; myofascial pain syndrome; and fibromyalgia. The medical record contains 60 pages. The earliest progress note in the medical record is dated October 7, 2014. On October 7, 2014, the worker had a pain scale of 9/10 with medications. The injured worker was taking Elavil 100 mg one tablet at bedtime, Morphine sulfate extended release 60 mg one tablet every eight hours, Lunesta and gabapentin. The most recent progress in the medical record is dated March 3, 2015. The injured worker was still taking Morphine sulfate extended release 60 mg and Elavil 100 mg po HS. VS pain scale was 7/10 with medications and 9/10 without medications. There were no risk

assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of objective functional improvement with persistently elevated VAS pain scores. There has been no attempt to wean Morphine sulfate extended release. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Morphine sulfate extended release, risk and pain assessments and an attempt to wean the MS ER, Morphine Sulfate Extended Release 60 mg #90 is not medically necessary.