

Case Number:	CM15-0093630		
Date Assigned:	05/22/2015	Date of Injury:	09/27/1991
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 27, 1991. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for Oxycodone and Elavil. The claims administrator referenced a RFA form received on April 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 31, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into bilateral lower extremities. The applicant was using Opana five to six tablets daily. The applicant stated that his pain complaints had become progressively worse. The applicant was ambulating in a guarded manner with very limited lumbar range of motion. Elavil was increased for neuropathic pain complaints. The applicant was apparently asked to continue intrathecal Dilaudid, obtain lumbar MRI imaging, and begin Oxycodone while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycodone 15mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 96.

Decision rationale: Yes, the request for Oxycodone, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines, opioid rotation is an option for applicants with increasing pain who go on to develop issues with hyperalgesia and/or evidence of a diminishing response to previously prescribed opioids. Here, the attending provider's progress note of March 31, 2015 suggested that previously provided Opana was proving incompletely effective. The attending provider therefore suggested rotation to Oxycodone. As suggested on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines, introduction of Oxycodone was an appropriate response to the applicant's having apparently developed tolerance to previously prescribed Opana. Therefore, the request was medically necessary.

Prescription of Elavil 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia; Amitriptyline Page(s): 96; 13.

Decision rationale: Similarly, the request for Elavil (amitriptyline), an antidepressant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of adjuvant pain medications such as Elavil (amitriptyline) is recommended when there is evidence of opioid tolerance or hyperalgesia. Here, the attending provider suggested on a handwritten note dated March 31, 2015 that the applicant had developed issues with opioid tolerance insofar as previously prescribed Opana was concerned. As suggested on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines, rotating to a different opioid and/or employing amitriptyline (Elavil), an adjuvant pain medication, at a heightened dose was indicated. Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that amitriptyline is recommended as a first-line agent for chronic pain, as was/is present here. Here, the attending provider's progress note of March 31, 2015 suggested that the applicant had derived an incomplete response to previously prescribed amitriptyline (Elavil). The attending provider went on to recommend that the applicant should employ Elavil at a heightened dose. Therefore, the request was medically necessary.