

Case Number:	CM15-0095076		
Date Assigned:	05/21/2015	Date of Injury:	12/13/2013
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 60 year old male sustained an industrial injury to the back and head on 12/13/13. Previous treatment included physical therapy and medications. Magnetic resonance imaging cervical spine (3/9/15) showed spondylotic changes, straightening of the cervical lordosis, osteoarthritic changes and disc protrusion with nerve root compromise. In a PR-2 dated 4/9/15, the injured worker complained of neck pain rated 6/10 on the visual analog scale and headaches 7/10. Physical exam was remarkable for tenderness to palpation to the cervical spine with palpable muscle spasm over the paraspinal musculature and restricted range of motion. Current diagnoses included status post blunt head injury with loss of consciousness, cervical spine sprain/strain with radiculitis and history of heart attack. The treatment plan included chiropractic therapy to the cervical spine, twice a week for four weeks and prescriptions for Elavil and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Elavil 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Antidepressants for Chronic Pain (2015).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of antidepressants, including Elavil (amitriptyline) as a treatment modality. Elavil is a type of antidepressant known as a tricyclic. Tricyclic antidepressants are recommended as a first line option for neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, there is insufficient documentation that the patient has symptoms or physical examination findings consistent with neuropathic pain. While the patient carries the diagnosis of cervical radiculitis and there are MRI findings that suggest the potential for a radiculopathy; there is insufficient documentation on the patient's history and physical examination findings consistent with a radiculopathy. In the last documented office visit the neurologic examination is described as normal. Without documentation on history and physical examination of signs and symptoms consistent with a radiculopathy, the use of Elavil is not considered as medically necessary.

1 prescription of Tramadol (Ultram) 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids including Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient

documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not considered as medically necessary.