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| <b>Case Number:</b>   | CM13-0001231 |                              |            |
| <b>Date Assigned:</b> | 03/05/2014   | <b>Date of Injury:</b>       | 03/25/2002 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 07/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 68 year-old male with a date of injury of 03/25/2013. The listed diagnoses per [REDACTED] are chronic cervical disc disease and bilateral shoulder impingement syndrome, left greater than right, partially frozen shoulder. According to report dated 06/24/2013 by [REDACTED], the patient present for a follow up for continued low back pain. Patient states the pain has improved but still definitely present. He has benefited from the 12 physical therapy sessions and the therapist has recommended 6 more treatments. Treater notes for patient's recent "acute exacerbation in his back pain" he is 4 days early on his refill of Norco 10/325mg. Patient is getting "decent pain relief" with Celebrex and does not wish to switch back to a generic NSAID. Patient is also noted to be having sleeping issues and would like to renew Amitriptyline 10mg. There is no physical examination. In a report dated 07/18/2013, the patient wanted to dispute non-certified items. He states that he had an AME several years ago that allowed for future medical benefits including prescriptions and PT treatment. This AME report was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting 6 additional physical therapy sessions. For physical therapy medicine, the MTUS guidelines pg 98, 99 recommends for myalgia and myositis type symptoms, 9-10 visits over 8 weeks. In this case, medical records indicated patient received 12 physical therapy sessions between 05/30/2013 and 06/14/2013. The requested additional 6 sessions exceeds what is recommended by MTUS and recommendation is for denial.

**NORCO 10/325MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting refill of Norco 10/325mg #240. Utilization review dated 07/03/2013 modified certification from #240 to #180 for weaning purposes. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. In the reports provided for review dating from 04/30/2013 to 07/18/2013, there are no discussions regarding how Norco has been helpful in terms of decreased pain or functional improvement. There is one statement on report 6/24/13 where the treater states that the patient is "getting decent pain relief" with medications. However, there is no discussion regarding how Norco is affecting the patient's pain and function. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**CELEBREX 200MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting refill of Celebrex, as this medication has been providing pain relief. For anti-inflammatory medications the MTUS guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term

use may not be warranted." In this case, this patient has been taking Celebrex on a long -term basis. Progress report dating back 04/04/2012 states patient is taking Celebrex and has tried Ibuprofen and Relafen which were not as effective at treating his pain. Report dated 06/24/2013 also states patient is "getting decent pain relief" with Celebrex. Given patient's continued complaints of pain and the efficacy of this medication, recommendation is for approval.

**AMITRIPTYLINE 10MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, INSOMNIA TREATMENT; REMERON.

**Decision rationale:** Treater is requesting a refill of Amitriptyline as the patient "is having trouble sleeping. Utilization review dated 07/03/2013 denied the request stating this medication is a first line treatment for neuropathic pain, which this patient does not have. The MTUS and ACOEM guidelines do not discuss Amitriptyline. Therefore, ODG guidelines were referenced. ODG guidelines has the following regarding Remeron for insomnia: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, one medical report dated 06/24/2013 indicates patient is having trouble sleeping. There is no discussion of insomnia or depression in this patient in any of the reports provided for review. The requested Amitriptyline is not medically necessary and recommendation is for denial.