

Case Number:	CM13-0046573		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2006
Decision Date:	03/31/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 physician 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:

This patient is a 54 year old with a date of injury of 05/13/06. The mechanism of injury was right upper extremity pain when she tried to catch milk containers that she had dropped. A PR-2 report dated 10/01/13 identified subjective complaints of "pain". It is not further specified. Objective findings included no signs of a thought disorder. No physical findings are mentioned. Diagnoses indicate that the patient has "Pain disorder associated with both psychological factors and general medical condition". Treatment has included previous oral opioids and antidepressants since at least 2012. A Utilization Review determination was rendered on 10/04/13 recommending non-certification of "Tylenol #3; #110 and Doxepin 10 mg; #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Opioids For Chronic Pain.

Decision rationale: Tylenol #3 is a combination of codeine and acetaminophen. Codeine is an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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 state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. They further state that pain assessment should also 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. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, there the record does not document the medical necessity for ongoing and long-term therapy with an opioid.

Doxepin 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Doxepin (Sinequan) is a tricyclic class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feurstein, 1977) (Perrot, 2006)." The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. The optimal duration of therapy is not known. The Guidelines recommend that assessment of treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants occur. The long-term effectiveness of antidepressants has not been established. For neuropathic pain, tricyclics agents are recommended as first-line. Recent reviews also list tricyclics and SSNRIs (duloxetine and venlafaxine) as first-line options. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Multiple controlled trials have found limited effectiveness with antidepressants in fibromyalgia, with the exception of duloxetine. The Guidelines state that in low back pain: "... tricyclic antidepressants have demonstrated a small to moderate effect on

chronic low back pain (short-term pain relief), but the effect on function is unclear. SSRIs have not shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition (Chou, 2007)." They further state that "SSRIs do not appear to be beneficial." No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. The Guidelines do note that in depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. The Guidelines state that tricyclic antidepressants specifically "... are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." SNRIs are recommended as a first-line option for diabetic neuropathy. They note that there is no high quality evidence to support the use of duloxetine (SNRI) for lumbar radiculopathy. Related to SSRIs, the Guidelines state: "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials (Finnerup, 2005) (Saarto-Cochrane, 2005). It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associa