

<b>Case Number:</b>	CM13-0054289		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The patient is a 54-year-old female who sustained an injury on 07/26/2013 when a man burst through the door causing the door to hit the patient in her left upper back. The patient was evaluated on 09/26/2013 which noted the patient's medications as Norco 10/325 mg 3 per day. The patient was re-evaluated on 10/25/2013 which indicated the patient's medications as Pamelor 10 mg, Norco 10/325 mg and Relafen 500 mg. Per that evaluation the patient stated that Pamelor did not help reduce pain related to insomnia or neuropathic pain. Upon evaluation the patient noted pain 8/10 with medications prescribed. The patient was recommended for physical therapy and acupuncture treatments per the documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg  $\hat{A}$ ½ 1 tab q 8 hours #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Norco 10 mg  $\hat{A}$ ½ to 1 tab every 8 hours #60 is non-certified. The documentation submitted for review indicated the patient had pain of 8/10 on the pain scale

with medications provided. The California MTUS Guidelines recommend the use of opioids be monitored for ongoing patient's response. Ongoing monitoring of chronic pain patients on opioids should include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of potentially aberrant drug-related behaviors. The documentation submitted for review indicated the patient did not have pain relief with the opioid treatment. It is further noted that the documentation submitted for review did not indicate whether the patient had improved functioning and was able to participate in activities of daily living with opioid usage. The guidelines recommend opioids be discontinued if there is no pain relief and/or improved function. Given the information submitted for review, the request for Norco 10 mg  $\hat{A}$ ½ to 1 tab every 8 hours #60 is non-certified.

**Relafen 500mg 1 tab BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The request for Relafen 500 mg 1 tab twice a day is non-certified. The documentation submitted for review indicated the patient treatment plan was to discontinue Pamelor and Relafen due to side effects of upset stomach. It was additionally noted that the patient did not have documented pain relief with either medication noted. The California MTUS Guidelines indicate that use of NSAIDs for neuropathic pain may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and with neuropathic pain. However, the documentation submitted for review indicated the patient had minimal if any pain relief with her medication regimen. As the treatment plan also indicated the patient was going to discontinue Pamelor and Relafen, there is no supporting evidence as to the need for the medication. Given the information submitted for review the request for Relafen 500 mg 1 tab twice a day is non-certified.

**Pamelor 10 mg 1-3 tab at night for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation ODG Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** The request for Pamelor 10 mg 1 to 3 tablets at night for pain is non-certified. The documentation submitted for review specified that Pamelor did not help reduce the patient's pain or related insomnia or neuropathic pain. California MTUS Guidelines recommend the use of tricyclics as a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. As documentation stated, they are ineffective there is no need to continue use of the medication. Furthermore, the documentation submitted for review indicated the treatment plan as discontinued Pamelor and Relafen due to side effects of upset stomach. Given the

information submitted for review, the request for Pamelor 10 mg 1 to 3 tablets at night for pain in non-certified.