

Case Number:	CM14-0185443		
Date Assigned:	11/13/2014	Date of Injury:	03/18/1999
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker is a 47 year old male with a date of injury of 3-18-1999. He worked as a floor installer and developed low back pain radiating to the left lower extremity when he went to lift a toilet. An MRI scan of the lumbar spine revealed disc protrusions at L4-L5 and L5-S1 with nerve root displacement on the left at S1 and S2 and spinal stenosis. He has been treated with a variety of medications including anti-depressants, anti-inflammatories, and anti-convulsant. He was intolerant of these. He has had modest success with lumbar epidural steroid injections previously. He was taking the opioid Nucynta, up to 200 mg a day previously but was able to stop that medication. He gradually came to a point where he was using Norco on an infrequent, prn basis. The injured worker has also had insomnia secondary to pain, which has responded to amitriptyline. The physical exam reveals diffuse lumbar facet tenderness and a positive straight leg raise exam on the left. The lower extremity neurologic exam has been normal. The diagnoses include lumbar disc displacement with radiculitis, overweight, and sleep disorder secondary to pain. The injured worker had not been seen by the treating physician for roughly 6 months until he presented again on 9-22-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Because of the long period between provider visits, the prescription of Norco in this case represents a new therapeutic trial. A treatment plan is generally required at this point. Questions to ask prior to starting therapy: (a) Are there reasonable alternatives to treatment, and have these been tried?(b) Is the patient likely to improve? Examples: Was there improvement on opioid treatment in the acute and subacute phases? Were there trials of other treatment, including non-opioid medications?(c) Is there likelihood of abuse or an adverse outcome? (d) Ask about Red Flags indicating that opioids may not be helpful in the chronic phase: (1) little or no relief with opioid therapy in the acute and subacute phases. (2) The patient has had a psychological evaluation and has been given a diagnosis of somatoform disorder. (3) The patient has been given a diagnosis in one of the particular diagnostic categories that have not been shown to have good success with opioid therapy: conversion disorder; somatization disorder; pain disorder associated with psychological factors (such as anxiety or depression).(e) When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision. The usual parameters to monitor chronic opioid therapy like assessments for pain relief, functionality, adverse side effects, and aberrant drug taking behavior do not traditionally occur until it is clear that the opioid use will be chronic. In this instance, the short acting opioid Norco (Hydrocodone/Acetaminophen) is being restarted after a nearly 6 month abstinence. Alternatives to opioids have been tried and failed like anti-inflammatories, anti-convulsant, etc. Pill counts and urine drug screening are part of this treatment plan and an opiate risk assessment has been completed. A signed narcotic agreement is on file. Therefore, Norco 10/325mg #60 is medically necessary.

1 prescription of Amitriptyline 10mg #120: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Antidepressants for chronic pain

Decision rationale: Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The tricyclic medications like amitriptyline work in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. In this instance, the injured worker has insomnia secondary to pain. The amitriptyline has

been efficacious for him previously at relatively low doses as measured by his better sleep. Therefore, 1 prescription of Amitriptyline 10mg #120 is medically necessary per the referenced guidelines.