

<b>Case Number:</b>	CM14-0021952		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 64-year-old employee with date of injury of 8/8/2000. Medical records indicate the patient is undergoing treatment for bilateral hip pain, neck pain, and post laminectomy syndrome unspecified region, compression fracture of the lumbar spine at L4, worsening scoliosis, and osteomyelitis. Subjective complaints include back pain, bilateral hip pain, insomnia, left knee, and left ankle pain. Objective findings include cervical spine paravertebral tenderness, range of motion of the cervical spine is reduced, tenderness in the left and right lumbar paravertebral region, decreased lumbar range of motion, bilateral hip tenderness. Treatment for his bilateral hip pain, neck pain, post laminectomy syndrome unspecified region, compression fracture of the lumbar spine at L4, worsening scoliosis, and osteomyelitis has consisted of Norco, Soma, MS Contin, Amitriptyline, and a referral to a [REDACTED] specialist. The utilization review determination was rendered on 2/13/14 recommending non-certification of Norco 10/325mg # 112 with 1 refill, Elavil 25mg # 112 with 1 refill, Soma 350mg # 84 with 1 refill and Terocin # 2 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG # 112 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 4/1/2011, in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg is not medically necessary.

**EVAIL 25 MG # 112 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (For Chronic Pain) Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Tricyclic Antidepressants (TCAs).

**Decision rationale:** MTUS states "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007). "The treating physician has not provided evidence of improved pain control, improved function and sleep quality from Elavil. The patient has been on 25 mg of Elavil for a number of years to aid with sleep. A note from [REDACTED], Psychiatrist, from Oct 25, 2011 recommends "anti-depressant medication at therapeutic dose".

Medical records indicate it is being used as a sleep aid and not an antidepressant. As such, the request for Elavil 25 mg # 112 with 1 refill was not medically necessary.

**SOMA 350 MG # 84 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The patient has been on the medication since February 2010. Tapering of Soma was recommended on 3/21/13 by [REDACTED] in review #1030816. As such, the request for Soma 350 mg # 84 with 1 refill is not medically necessary.

**TEROCIN # 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm patches Page(s): 111, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and UpToDate.com, Lidocaine (topical).

**Decision rationale:** Terocin patch is topical pain patch that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. Medical records indicate that the patient is on Elavil, which can be used as an antidepressant or sleep aid, medical records indicate it is being used as a sleep aid and not an antidepressant. As such, the request for prospective request for one prescription of Terocin Patch #2 is not medically necessary.

