

<b>Case Number:</b>	CM14-0046322		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old female who reported an unknown injury on 08/02/2005. On 03/05/2014, her diagnoses included post laminectomy syndrome of the lumbar region, lumbosacral neuritis or radiculitis, sciatica, myofascial pain/myositis and chronic pain syndrome. Her medications included Bisacodyl BC 5 mg, Reglan 10 mg, Butrans patch 10 mcg per hour, Oxycodone 10 mg, and Amitriptyline 50 mg. The Reglan replaced Zofran which was discontinued. Her complaints included increased pain to the lower back and cervical scapular region. The pain on the right side radiated down from her neck to her feet including her arms. She rated her pain as 10/10 at its worst and 7/10 at its best. Her pain impeded her activities of daily living (ADLs) and interfered with her ability to sleep. On 10/07/2013, it was noted that she was constipated from her opioid medication. She also had nausea and vomiting. On 03/05/2014, it was noted that she vomited 3 to 4 times per week. The rationale for the requested Amitriptyline was that without her pain medications which included the Amitriptyline, her condition deteriorated, her pain level increased dramatically, and her functioning levels and overall quality of life were severely impacted. The rationale for the Metoclopramide stated that Metoclopramide was the only medication that had been found to control her nausea. Her ongoing nausea and vomiting drastically interfered with her functioning on a daily basis and she was unable to complete her ADLs or activities outside the house effectively when she was overcome by nausea. The Bisacodyl was noted to manage her constipation which was a side effect of her pain killers. There was no Request for Authorization contained in this chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline:** 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): 13-16.

**Decision rationale:** MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclic antidepressants, which includes Amitriptyline, are generally considered as a first line agent unless they are ineffective, poorly tolerated or contra-indicated. Assessment of 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 should be assessed. There was no documentation in this worker's chart of the quantifiable pain relieving effects or functional improvements that this worker received with the use of Amitriptyline. Additionally, there was no documentation which stated that the Amitriptyline allowed her to reduce other analgesic medications. Therefore, the request is not medically necessary.

**Metoclopramide:** Upheld

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

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

**Decision rationale:** Per the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. Additionally, the request did not include dosage or frequency of administration. Therefore, the request is not medically necessary.

**Bisacodyl:** 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 Opioids Page(s): 74-95.

**Decision rationale:** MTUS Guidelines, state constipation is a possible side effect of opioid use. Prophylactic treatment of constipation should be initiated. Bisacodyl could be indicated for the prophylactic treatment of constipation with opioid use, however, the request submitted did not

include a dosage or frequency of administration. Therefore, the request is not medically necessary.