

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0077845 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 12/02/1985 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 04/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 60-year-old female who has submitted a claim for lumbago associated with an industrial injury date of December 2, 1985. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back, neck and hip pain with a severity of 9/10 that was reduced to 3-4 with Exalgo. Physical examination revealed a fidgeting patient, blood pressure of 110/70, decreased grip, spasm and tenderness at the thoracolumbar junction (TL) junction, positive straight leg raise (SLR), decreased deep tendon reflexes (DTRs) and decreased sensation over the left L5 dermatome. Treatment to date has included physical therapy, epidural injections, trigger point injections, heat, pool, spa, H wave, AD shower chair and medications including Exalgo, Norco, Lunesta, chamomite tea and melatonin. Norco was said to help the patient thru the night. Utilization review from April 17, 2014 denied the request for Norco 10/325 mg. #60 with 5 refills, Elavil 25 mg. #60 with 5 refills and Clonidine 0.1 mg. #30 with 5 refills. The request for Norco was denied because there was no measurable analgesic benefit (VAS scores), no documentation of functional/vocational benefit, and no recent dates and results of random urine drug screens (UDSs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg. #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Norco for pain since at least October 2013. The records indicate that the patient benefits from this medication in terms of pain reduction (VAS 6 to 3) and functional improvement (allows her to do limited chores that she was able to do or go to church). However, there was neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Moreover, there is no documentation of the presence or absence of opioid side effects. Finally, there is no recent urine drug screen result provided that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 mg. #60 with 5 refills is not medically necessary.

**Elavil 25 mg. #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**Decision rationale:** Elavil is a brand name of Amitriptyline, a tricyclic antidepressant. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 13-14, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. 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. In this case, the patient was taking Elavil since at least October 2013. Based from the progress reports, the patient experienced sleep improvement with this medication but there was no evidence of overall pain improvement and continued functional benefits. There is likewise no discussion concerning sleep hygiene. The medical necessity has not been established. Therefore, the request for Elavil 25 mg. #60 with 5 refills is not medically necessary.

**Clonidine 0.1 mg. #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/clonidine.htm>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine Page(s): 34-35. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Clonidine)

**Decision rationale:** According to pages 34-35 of CA MTUS Chronic Pain Medical Treatment Guidelines, intrathecal clonidine is recommended only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic. The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. The CA MTUS does not address oral administration of clonidine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, clonidine tablets are indicated in the treatment of hypertension. In this case, it is noted that this medication is to be prescribed for neuropathic component of pain and to decrease sympathetic tone. However, this is not an indication for use of oral clonidine. In addition, patient does not have hypertension. Therefore, the request for clonidine 0.1mg #30 was not medically necessary.