

<b>Case Number:</b>	CM14-0196326		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/20/1995
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

This 62 year-old patient sustained an injury on 8/20/1995 while employed by [REDACTED] Request(s) under consideration include One prescription of Oxycontin 20 mg #80 and One prescription of Doxepin 10 mg # 30 with three refills. Diagnoses include cervical disc degeneration and chronic pain. Conservative care has included medications, therapy, and modified activities/rest. Medications list Norco, OxyContin, Zofran, Meloxicam, Levothyroxine, Nortriptyline, and Linzess. The patient continues to treat for chronic neck, low back, and extremity complaints rated at 9/10. Exam showed unchanged findings of limited cervical spinal range with tenderness and increased muscle tone at paraspinal muscles; diffuse decreased in motor strength in the arm especially with grip. Treatment includes continuing with medications. The request(s) for One prescription of Oxycontin 20 mg #80 and One prescription of Doxepin 10 mg # 30 with three refills were non-certified citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Oxycontin 20 mg # 80:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management- Actions Should Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The One prescription of Oxycontin 20 mg #80 is not medically necessary and appropriate.

**One prescription of Doxepin 10 mg # 30 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

**Decision rationale:** Per Guidelines, 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. Submitted reports have demonstrated medical indication for Silenor in providing the patient with functional improvement with quality of sleep; however, have not indicated the dosing and quantity for this tri-cyclic. Non-specific dosing cannot be supported as ongoing monitoring of functional efficacy is required to continue appropriate treatment. Additionally, although the patient has reported improved sleep, reports have not documented failed non-pharmacological trial for better sleep hygiene as part of the functional restoration approach. The patient continues with chronic symptoms on multiple opiates for this chronic injury of 1995 without improvement. The One prescription of Doxepin 10 mg # 30 with three refills is not medically necessary and appropriate.