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| Case Number: | CM14-0208223 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 05/13/2002 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Internal Medicine 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 (IW) is a 43-year-old woman with a date of injury of May 13, 2002. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are chronic postoperative pain; postlaminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degenerative intervertebral disc, lumbar; pain in soft tissue of limb; pain in joint, pelvis and thigh region; myalgia; and insomnia. The IW is status post lumbar fusion (date unknown) due to her industrial injury. There is a Letter of Medical Necessity for Medication from the orthopedic pain specialist in the medical record dated December 3, 2014. This is the only documentation with any clinical information in the 11-page medical record submitted for review. According to the letter, the IW suffers from low back pain, bilateral hip pain radiating down her left lower extremity with aching, numbness and tingling. Physical examination reveals exquisite tenderness to palpation throughout the lumbar spine paraspinals and bilateral sciatic notches and left greater trochanter. She has limited lumbar range of motion limited to 15 degrees flexion, 0 degrees extension, and left and right lateral bend. The IW is currently taking Kadian 20mg, Cymbalta 30mg and 60mg, Flexeril 10mg, Ibuprofen 800mg, Norco 10/325mg, and Voltaren gel. Amitriptyline was not listed in the injured worker's current medications. According to the documentation in the UR, the IW is using Trazadone for insomnia provided by the psychiatrist. There is no documentation of benefit with ongoing use of Trazadone in the past two years. The current request is for Voltaren gel QID for left trochanteric bursitis, and Amitriptyline 25mg at bedtime #30 also for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel QID for left trochanteric bursitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel QID for left trochanteric bursitis is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, and wrist). It has not been evaluated for treatment of spine, hip or shoulder. The diagnoses listed are chronic postoperative pain; post laminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degeneration into vertebral disc, lumbar; pain soft tissues limb; pain in joint, pelvic and thigh region; myalgia; and insomnia. Voltaren gel has not been evaluated for treatment of the hip. This would include the overlying trochanteric bursa. Consequently, Voltaren gel is not indicated for application to the trochanteric bursa (Hip), and therefore, Voltaren gel QID for left trochanteric bursitis is not medically necessary.

Amitriptyline 25mg at bedtime #30 also for insomnia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline. Page(s): 13, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-depressants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 25 mg at bedtime #30 also for insomnia is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, the medical record comprises 11 pages. There was a letter of medical necessity from orthopedic pain specialists. The diagnoses listed are chronic postoperative pain; post laminectomy syndrome, lumbar; radiculitis, lumbar; lumbago; degeneration into vertebral disc, lumbar; pain soft tissues limb; pain in joint, pelvic and thigh region; myalgia; and insomnia. The list of medications in the plan did not contain amitriptyline. The injured worker was taking Kadian, Cymbalta, Flexeril, ibuprofen, Norco 10/325 mg, and Voltaren 1% topical gel. The patient has been using the medications and has seen good results with decreased pain and increase function. It is unclear whether the latter sentence refers to all of the medications for the topical gel. The utilization review indicates amitriptyline is indicated for neuropathic pain and was prescribed for insomnia per the psychiatrist. The injured worker is

already utilizing trazodone for insomnia, however, there is no documentation of objective functional benefit with its ongoing use over the past two years. Consequently, absent detailed clinical information with clinical indications and rationale for amitriptyline 25 mg and documentation of ongoing trazodone use, amitriptyline 25 mg at bedtime # 30 also for insomnia is not medically necessary.