

<b>Case Number:</b>	CM14-0208995		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Family Practice 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:

36 yr. old female claimant who sustained a work injury on August 1, 2012 involving the low back. She was diagnosed with a herniated disc. She underwent an L5- S1 arthrodesis in February 2014. She was undergoing chiropractor therapy. A progress on November 5, 2014 indicated the claimant had 6/10 back pain at 8/10 leg pain. She only felt 10% better since her surgery. She had received a Toradol injection the day before. She has been using up to 8 Percocets (10mg) per day as well as OxyContin and topical Lidoderm. Examination was notable for decreased range of motion and a well healed lumbar incision site. The claimant remained Percocets 20 mg and Norco 20 mg bid. Elavil was added for 2 weeks use due to her symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant had been on Norco, Percocet and OxyContin with continued pain. The combined dose of all the opioids exceeds the 120 mg equivalent of morphine recommended by the guidelines. The continued use of Norco is not medically necessary.

**Elavil #64:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**Decision rationale:** According to the guidelines, tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG. There were no neuropathic symptoms. The claimant had been on high dose opioids compounding medication risk. The use of Elavil is not medically necessary.