

Case Number:	CM15-0004790		
Date Assigned:	02/17/2015	Date of Injury:	01/06/1983
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 is a 63 year old patient with unknown date of injury. Medical records indicate the patient is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, synovial cyst of popliteal space, localized lower leg osteoarthritis and constipation. Subjective complaints include left knee and back pain. Objective findings include antalgic gait, slight paraspinous tension noted bilaterally, cervical flexion 50 degrees, extension 60 degrees, lateral bending 45 degrees, rotation to the left 45, right 60; right iliac crest and SI joint tenderness to palpation, decreased sensation in the medial left thigh and calf, significant weakness of left leg verses the right, positive right stork test, palpable muscle spasm of the trapezius and the lumbar paraspinous. Treatment has consisted of Norco, Trazodone, Amitriptyline and Lyrica. The utilization review determination recommending non-certification of Amitriptyline 10mg 1-2 PO Q HS #60 with 1 refill, Lyrica 150mg 1 QD PRN #30 upper back pain with 1 refill and Colace 100mg take 1 PO BID #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg 1-2 PO Q HS #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA.

Decision rationale: MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)." "While the treating physician has met some of the above guidelines to utilize Amitriptyline for the treatment of neuropathic pain, refills are not indicated due to the need for medical monitoring. As such, the request for Amitriptyline 10mg 1-2 PO Q HS #60 with 1 refill is not medically necessary.

Lyrica 150mg 1 QD PRN #30 upper back pain with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 16-17, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state that "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." "MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be

documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." The patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The treating physician has not provided documentation about the length of time this patient has been utilizing Lyrica, or objective functional improvement that has been achieved with the use of this medication. As such, the request for Lyrica 150mg 1 QD PRN #30 upper back pain with 1 refill is not medically necessary.

Colace 100mg take 1 PO BID #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, docusate and senna.

Decision rationale: Docusate is a stool softeners and laxatives. This patient is undergoing treatment with methadone, which is an opioid. The length of time this patient has been on methadone is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician did not report how compliant the patient was to the first line constipation treatment and did not indicate if fiber treatment was initiated. The medical documentation included provides no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. Additionally, it appears this patient is weaning from opioids, so the number of refills request does not appear to be appropriate. As such, the request for Colace 100mg take 1 PO BID #60 with 3 refills is not medically indicated at this time.