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| <b>Case Number:</b>   | CM15-0007356 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 11/16/2001 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 11/16/2001. He has reported subsequent low back and left leg pain and was diagnosed with a herniated lumbar nucleus propulsus, left lower extremity radiculitis and intractable back pain. Treatment to date has included oral pain medication. Norco and Amitriptyline were chronic medications since at least 02/20/2014. In a progress note dated 10/23/2014, the injured worker was noted to have continued lumbar and left leg pain with paresthesias. The pain was rated as an 8/10 without medication and a 3/10 with medication. Objective physical examination findings were notable for left foot drop secondary to lumbar radiculitis. A request was submitted for refills of Norco and Amitriptyline. On 12/29/2014, Utilization Review modified a request for Norco , noting that the documentation does not show that the injured worker had an indication to support ongoing opioid use and modified a request for Amitriptyline, noting that although the medication is supported by the guidelines, ongoing follow up for efficacy would be indicated. MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10.324mg, quantity: 180 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 with four refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are HNP; left lower extremity radiculitis; and intractable back pain. Subjectively, the injured worker complains of low back pain and left leg pain. Objectively, the injured worker has a left foot drop secondary to lumbar radiculitis. The injured worker has been taking Norco as far back as July 24, 2014. The progress note dated July 24, 2014 is the earliest progress note or record. The start date for Norco is unknown. The documentation does not contain evidence of objective functional improvement associated with the ongoing long-term use of Norco. Additionally, there are no detailed pain assessments and there were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to gauge the efficacy of Norco, in addition to, missing pain assessments and risk assessments, Norco 10/325#180 with four refills is not necessary.

**Amitriptyline 25mg, quantity: 30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): (s) 13, 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, Anti-depressants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 25 mg #30 with four refills is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to a week whereas the antidepressant effect takes longer. In this case, the injured worker's working diagnoses are HNP; left lower extremity radiculitis; and intractable back pain. Subjectively, the injured worker complains of low back pain and left leg pain. Objectively, the injured worker has a left foot drop secondary to lumbar radiculitis. The injured worker has been taking amitriptyline as far back as July 24, 2014. The progress note dated July 24, 2014 is the earliest progress note or record. The start date for amitriptyline is unknown. The documentation does not contain evidence of objective functional improvement associated with the ongoing long-term use of amitriptyline. Consequently, absent clinical documentation with objective functional

improvement with which to gauge amitriptyline's clinical effect, amitriptyline 25 mg #30 with four refills is not medically necessary.