

<b>Case Number:</b>	CM15-0107528		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	10/14/1998
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 54 year old female, who sustained an industrial injury on 10/14/1998. The injured worker is currently disabled/retired. The injured worker is currently diagnosed as having post laminectomy syndrome, chronic pain syndrome, lumbar radiculopathy, lumbar degenerative disc disease, low back pain, urinary incontinence, depression, anxiety, bilateral carpal tunnel syndrome, lumbar scoliosis, constipation, lumbar spondylosis, and pelvic floor dysfunction. Treatment and diagnostics to date has included physical therapy, home exercise program, use of H-wave unit, lumbar spine MRI which showed mild disc bulge at L3-4, and medications. In a progress note dated 05/05/2015, the injured worker presented with complaints of low back pain and rates her pain a 7 out of 10 with pain medications and 10 out of 10 without pain medications. Objective findings include an antalgic gait, decreased sensation to left lateral leg, sacroiliac joint tenderness, and positive left leg straight leg raise test. The treating physician reported requesting authorization for Elavil, Klonopin, Remeron, Zoloft, and Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25mg quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tricyclic Antidepressants.

**Decision rationale:** According to the ODG, tricyclic antidepressants, such as Amitriptyline (Elavil) 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 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. 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. In this case, the medication has proved to be beneficial for pain control. Medical necessity for the requested medication has been established. The medication is medically necessary.

**Klonopin 1mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that supports the long-term use of benzodiazepines. In this case, there was no documentation of the indication and duration of use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Remeron 15mg quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

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

**Decision rationale:** Mirtazipine (Remeron) is FDA approved for the treatment of depression and mood disorders. It is a noradrenergic and specific serotonergic antidepressant. It is also used off label for the treatment of obsessive-compulsive disorder, social anxiety disorder, insomnia, post-traumatic stress disorder, low appetite and nausea. Antidepressants in the treatment of chronic pain are recommended as a first-line option for neuropathic pain, and possibly non-neuropathic pain. The documentation indicates the patient has neuropathic pain and the medication has been proven to be beneficial. Medical necessity for the requested item has been established. The requested Mirtazipine is medically necessary.

**Zoloft 100mg quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for the treatment of chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs.

**Decision rationale:** Selective serotonin re-uptake inhibitors (SSRIs), such as Sertraline Zoloft), are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. Antidepressants in the treatment of chronic pain are recommended as a first line option for neuropathic pain, and possibly non- neuropathic pain. The documentation indicates the patient has neuropathic pain and the medication has proved beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

**Nucynta 75mg quantity 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com, Nucynta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG and MTUS, Nucynta is a centrally acting opioid analgesic and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the

most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of Nucynta's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of Nucynta should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.