

Case Number:	CM15-0130145		
Date Assigned:	07/16/2015	Date of Injury:	01/03/2001
Decision Date:	09/11/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 01/03/2001. The injured worker is currently diagnosed as having left testicular pain, left leg neuropathic pain, status post permanent spinal cord stimulator implantation, post procedural spinal headache secondary to dural leak, lumbar spondylosis, posterior disc protrusion at L4-L5, and posterior disc protrusion at L5-S1. Treatment and diagnostics to date has included spinal cord stimulator placement, recent consistent urine drug screen, and medications. In a progress note dated 05/28/2015, the injured worker presented with complaints of difficulty with headaches as well as pain in his back, testicle, groin, abdomen, low back, and down the left leg to his foot. Pain is rated 8/10 in intensity but is reduced to 4-5/10 with use of his current medications. No objective findings noted in progress report. Physician noted that lumbar CT (computerized tomography) scan showed lumbar spondylosis with disc protrusion. The treating physician reported requesting authorization for Amitriptyline, Norco, Lyrica, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics 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. (Saarto-Cochrane, 2005) 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". In addition, Guidelines also state that "no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)" After review of received medical records, it is not clear as to why the injured worker is being prescribed this medication other than being prescribed due to his Trazadone not being approved. Effectiveness of pain relief, evaluation of function, sleep quality, or psychological response in regards to taking Amitriptyline (Elavil) was also not documented. Therefore, based on the Guidelines and the submitted records, the request for Amitriptyline is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid criteria for use Page(s): 76,80,91,94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

Lyrica 75mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) "has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. After review of the received medical records, it does not appear that the injured worker has any of the above qualified diagnoses. Therefore, based on the Guidelines and the submitted records, the request for Lyrica is not medically necessary.

Fioricet 50/325/40mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate - containing analgesic agents Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet contains Butalbital, Acetaminophen, and Caffeine. According to California MTUS Chronic Pain Medical Treatment Guidelines, Barbiturate containing analgesic agents (BCAs) are "not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)" According to the reviewed medical records, the injured worker has been prescribed Fioricet for headaches since at least 10/28/2014 without documentation of effectiveness of this particular medication. Therefore, based on the Guidelines and the submitted records, the request for Fioricet is not medically necessary.