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| <b>Case Number:</b>   | CM15-0147951 |                              |            |
| <b>Date Assigned:</b> | 08/11/2015   | <b>Date of Injury:</b>       | 05/19/2004 |
| <b>Decision Date:</b> | 09/17/2015   | <b>UR Denial Date:</b>       | 07/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2015 |

### 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 53 year old male, who sustained an industrial injury on May 19, 2004. The mechanism of injury was a slip and fall into a hole. The injured worker experienced low back pain with radiation down the left lower extremity. The diagnoses have included lumbar disc disorder, lumbar radiculopathy, knee pain, left medial meniscus tear, chronic pain and failed back surgery syndrome. Treatment and evaluation to date has included medications, radiological studies, MRI, lumbar epidural steroid injections, knee viscosupplementation injections, physical therapy, home exercise program, left knee surgery and lumbar spine surgery. The current work status was not identified. Current documentation dated June 30, 2015 notes that the injured worker reported low back pain and left knee pain. Examination was unchanged from the prior visit. A Physical examination dated May 19, 2015 notes that the injured worker had tenderness and spasm of the paravertebral muscles bilaterally and tenderness in the coccyx area and along the bilateral sacroiliac joints. The pain was rated a 4 out of 10 on the visual analogue scale. A lumbar facet loading was positive on both sides. A pinprick test revealed a slightly decreased sensation in the sacral-one dermatome bilaterally. The injured worker noted that his current medication regime decreased his pain and improved his function outside the home as well as with basic household chores. The injured worker also noted that emotionally he is more stable and less irritable with his medications. The treating physician's plan of care included requests for Amitriptyline Hydrochloride 100 mg # 30, Docusate sodium 250 mg, Morphine Sulfate CR 30 mg # 60, Omeprazole DR 20 mg # 60, Percocet 10-325 mg #180 and Morphine Sulfate 15 mg # 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Amitriptyline Hydrochloride 100mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Amitriptyline Page(s): 13-15.

**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 injured worker had chronic low back pain and left knee pain. The injured worker was noted to be on Amitriptyline since January of 2015. The guidelines do not recommend Amitriptyline for long-term treatment. There is documentation of decreased pain with the use of his current medication regimen and the injured worker was able to perform activities of daily living. However, the documentation supports the injured workers pain levels have been unchanged (4/10) since January of 2015. The documentation also notes that the objective findings are unchanged with the medication. Medical necessity for the requested medication has not been established. The request for Amitriptyline is not medically necessary.

### **Docusate sodium 250mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Opioid-induced constipation treatment.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends prophylactic treatment of constipation when opioid therapy is implemented. The Official Disability Guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use. When prescribing an opioid and especially if it will be needed for more than a few days, there should be discussion regarding constipation and the first steps to correct this. Simple treatments include increasing

physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, 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. If the first line treatments do not work, there are second-line options that include medications which work on opioid related constipation. In this case, there is lack of documentation as to whether a first-line treatment had been implemented and whether over-the-counter medications were tried and failed. In addition, the quantity and duration of the medication was not provided. The request for Colace is not medically necessary.

**Morphine Sulfate controlled release 30mg quantity 60: Upheld**

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

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

**Decision rationale:** According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. 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. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, the documentation supports that the injured worker has been on opioid therapy, since at least September, 2014. Opioids are not recommended for long-term use unless there are significant benefits shown. There is documentation of decreased pain with the use of the injured workers current medication regime and the injured worker was able to perform activities of daily living. However, the documentation supports the injured workers pain levels have been unchanged (4 out of 10) since January, 2015. The documentation also notes that the injured workers objective findings are unchanged with the medication. In addition, there is lack of documentation of the opioid compliance guidelines which include a risk assessment profile, opiate contract or a urine drug screen. Medical necessity of the requested medication has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Omeprazole delayed release 20mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Omeprazole delayed-release (vs immediate-release) has a protective coating. Immediate-release omeprazole may have a more rapid pharmacokinetic profile and overall drug absorption in gastroparesis (slow stomach emptying). There is no documentation indicating that this patient has had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole delayed-release has not been established. The requested medication is not medically necessary.

**Percocet 10/325mg quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the injured worker was noted to have chronic low back pain and left knee pain. There is documentation of decreased pain with the use of his current medication regime and the injured worker was able to perform activities of daily living. However, the documentation supports the injured workers pain levels have been unchanged (4 out of 10) since January of 2015. The documentation also notes that the injured workers objective findings are unchanged with the medication. There is lack of documentation of significant and progressive functional improvement as a result of the Percocet. In addition, there is lack of documentation of the opioid compliance guidelines which include a risk assessment profile, opiate contract or a urine drug screen. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Morphine Sulfate 15mg quantity 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** 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. For opioids, such as Morphine Sulfate, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. A satisfactory response to treatment may be indicated by decreased pain, increased level of function, and/or improved quality of life. In this case, the documentation supports that the injured worker has been on opioid therapy, since at least September, 2014. Opioids are not recommended for long-term use unless there are significant benefits shown. There is documentation of decreased pain with the use of the injured workers current medication regime and the injured worker was able to perform activities of daily living. However, the documentation supports the injured workers pain levels have been unchanged (4 out of 10) since January, 2015. The documentation also notes that the injured workers objective findings are unchanged with the medication. In addition, there is lack of documentation of the opioid compliance guidelines which include a risk assessment profile, opiate contract or a urine drug screen. Medical necessity of the requested medication has not been established. Of note, discontinuation of Morphine Sulfate should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary. The request for Morphine Sulfate is not medically necessary.