

<b>Case Number:</b>	CM15-0167140		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/25/2000
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 injury on 2-25-00. Diagnoses include status post fusion, L4 - S1; persistent Myospasms, lumbar spine; lumbar radiculopathy; failed back syndrome; spinal cord stimulator implant, January 2009 with subsequent removal in November, 2010; neural foraminal narrowing bilaterally, central spinal stenosis; status post L2-L4 extreme lateral Interbody fusion with cage and instrumentation, L2-L4 posterior spinal instrumentation and fusion, laminotomy 2-20-14. The AME report dated 5-27-15 reports medication refill on 1-8-15 included Fentanyl 50 mcg and Norco 10-325. He was complaining of ongoing pain in the low back, down into the buttock and into the thighs. The report states that he had recently fallen and since then has had increased painful spasms rated at 5 out of 10 intensity and is significantly reduced with medications. Other medications listed were Tegaderm 8 x 12 dressing; Amitiza 24 mcg; Biofreeze 4% gel; Amitriptyline HCL 50 mg; Fentanyl 50 mcg, hour patch; Norco 10-325 mg; Ultracin lotion; Baclofen 10 mg. An examination on 4-8-15 indicates that he is using the medications as prescribed; refill the medications and the plan was to begin tapering down at the next office visit. The examination dated 6-3-15 reports he has ongoing difficulty with stiffness in the thoracolumbar junction and across the low back; spasms, numbness and pain in the bilateral thighs and right foot. The pain is rated at 5 out of 10 but is reduced with medications. He has been adjusting to tapering Fentanyl 37 mcg strength and Norco 2 -3 times a day for breakthrough pain. Trigger point injection was performed. Current requested treatments Hydrocodone, APAP 10-325 mg #90, Amitriptyline HCL 50 mg #60 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Hydrocodone/APAP 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 10/325 mg #90 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 patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post fusion; persistent myospasm lumbar spine; lumbar radiculopathy; failed back syndrome; spinal cord stimulator implantation with subsequent removal; neural foraminal narrowing bilaterally, central spinal stenosis; status post L2 ? L4 extreme lateral interbody fusion with cage and instrumentation, L2 - L4 posterior spinal instrumentation and fusion affect sharpness, laminotomy. Date of injury is February 25, 2000. Request authorization is August 14, 2015. According to a March 5, 2015 progress note, Norco 10/325mg and amitriptyline were prescribed. The treating provider prescribed Hydrocodone/APAP (Norco) 10/325 mg one tablet every six hours PRN for breakthrough pain. There is no documentation demonstrating objective functional improvement. There were no pain assessments or risk assessments and medical record. According to the utilization review, a peer- to-peer conference call took place between the utilization reviewer and treating provider. The treating provider agreed to modify Fentanyl and Hydrocodone by weaning. The documentation indicates the morphine equivalent dose (MED) was 163 (normal 120). The utilization review provider modified Hydrocodone/APAP 10/325 mg #90 to one by mouth every eight hours (from every 6 hours) to allow the patient this one refill for purposes of weaning to discontinue at the provider's discretion over a weaning period 2-3 months. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a peer-to-peer conference call, an agreement to wean Hydrocodone/APAP 10/325 mg, and elevated MED, no documentation demonstrating objective functional improvement, no detailed pain assessments and no detailed risk assessments, Hydrocodone/APAP 10/325 mg #90 is not medically necessary.

### **Amitriptyline HCL 50mg #60 with 3 refills: Upheld**

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

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, amitriptyline HCL 50 mg #60 with three refills is not medically necessary. Anti-depressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week or as antidepressant effects take longer to her. In this case, the injured worker's working diagnoses are status post fusion; persistent myospasm lumbar spine; lumbar radiculopathy; failed back syndrome; spinal cord stimulator implantation with subsequent removal; neural foraminal narrowing bilaterally, central spinal stenosis; status post L2 - L4 extreme lateral interbody fusion with cage and instrumentation, L2 - L4 posterior spinal instrumentation and fusion, laminotomy. Date of injury is February 25, 2000. Request authorization is August 14, 2015. According to a March 5, 2015 progress note, Norco 10/325mg and amitriptyline were prescribed. The treating provider prescribed Hydrocodone/APAP (Norco) 10/325 mg one tablet every six hours PRN for breakthrough pain. There is no documentation demonstrating objective functional improvement. There were no pain assessments or risk assessments and medical record. Amitriptyline 50 mg #60 with three refills was certified August 4, 2015. The medication was prescribed July 2, 2015 (according to the utilization review and a peer-to-peer conference) and, as a result, the injured worker should have enough supply to last at least to October 2015. The request for authorization is August 14, 2015. This request for amitriptyline is premature. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and a premature request for amitriptyline 50 mg #60 with three refills, amitriptyline HCL 50 mg #60 with three refills is not medically necessary.