

<b>Case Number:</b>	CM15-0180640		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/02/1982
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, California  
 Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 12-2-82. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included TENS and medication. Physical examination findings on 6-5-15 included low back tenderness with muscle spasm and decreased range of motion. The injured worker had been taking Norco, Celebrex, Prozac, and Amitriptyline since at least March 2015. The injured worker's pain ratings were not noted in the provided documentation. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 5-325mg #90, Celebrex 200mg #30 with 3 refills, Prozac 20mg #30 with 3 refills, and Amitriptyline 25mg #90 with 3 refills. On 9-2-15 the requests were non-certified. Regarding Norco, the utilization review (UR) physician noted "the clinical documentation provided for review did not identify and particular functional improvement obtained with the ongoing use of Norco." Regarding Celebrex, the UR physician noted "there is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the patient could reasonably transition to an over the counter medication for pain." Regarding Prozac, the UR physician noted "the records did not specifically discuss the efficacy of this medication terms of depression symptom improvement or stabilization." Regarding Amitriptyline, the UR physician noted "the available records did not discuss a rationale for the use of this tricyclic medication."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids for chronic pain.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on these medications for a minimum of 8 months. There is no documentation of pain relief specific to this medication. There is no documentation of functional improvement with this medication. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**Celebrex 200mg #30 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Per the MTUS for chronic pain, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile. The IW has been on this medication for a minimum of 6 months. There is not documentation of functional improvement related to this medication. Additionally, the request does not include frequency. The request includes 3 refills which does not suggest monitoring of symptoms and response. The request for Celebrex is determined to be not medically necessary.

**Prozac 20mg #30 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Prozac is a selective serotonin re-uptake inhibitor. According to the CA MTUS chronic pain guidelines, SSRIs are not recommended for treatment of chronic pain, however it may be useful in a secondary role to treat depression. It is not clear from the documentation the primary diagnosis Prozac is being prescribed to treat. There is also no clear direct benefit the IW has from taking this medication. There is no discussion of functional improvement. The documentation does not document decrease reliance on medications or use of TENS unit. The medication was not prescribed by a chronic pain provider and not a mental health provider. The request does not include frequency of dosing. Additionally, the request includes 3 refills which does not support close monitoring and reassessment of effectiveness. Without the support of the documentation, the request for Prozac with 3 refills is determined not medically necessary.

**Amitriptyline 25mg #90 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Tricyclics.

**Decision rationale:** According to CA MTUS, Amitriptyline is a tricyclic antidepressant is considered first line treatment for neuropathic pain. Indications include central post stroke pain, post herpetic neuralgia, diabetic polyneuropathy, and post mastectomy pain. The IW does not have these diagnoses. Documentation supports the IW has been taking Amitriptyline for a minimum of 6 months, but not discuss specific response to this medication. There is also no clear direct benefit the IW has from taking this medication. There is no discussion of functional improvement. The documentation does not support a decrease reliance on medications or use of TENS unit. Additionally, the request includes 3 refills which does not support close monitoring and reassessment of effectiveness. Without this documentation, the request for Amitriptyline is not medically necessary.