

<b>Case Number:</b>	CM15-0182881		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/03/1998
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male, who sustained an industrial injury on 8-3-1998. The injured worker is undergoing treatment for: low back pain and sciatica. Dates of service reviewed included: 1-14-2005 to 9-25-2015. On 3-23-15, he reported chronic low back pain and that MS Contin was helpful. The records are handwritten and difficult to decipher. The objective findings are difficult to decipher. On 8-25-15, he reported sciatic and low back pain. Physical findings noted he was limping, and there was no bowel or bladder dysfunction. The records do not discuss his pain level, efficacy of current medications, aberrant behaviors or side effects. The treatment and diagnostic testing to date has included: medications, physical therapy, bracing, low back surgery (8-15-2001 and 8-20-2001), cervical spine epidural injections (2003), x-rays of the cervical spine (8-9-2004), and magnetic resonance imaging of the lower thoracic and lumbar spine (1-23-2001). Medications have included: MS Contin since at least September 2012, possibly longer; Soma; and Elavil since at least March 2014, possible longer. Current work status: off work. The request for authorization is for: one prescription of MS Contin 30mg quantity 75, one prescription of Amitriptyline 100mg quantity 30 with 3 refills, and one prescription of Tramadol 50mg quantity 60. The UR dated 9-2-2015: modified certification of one prescription of MS Contin 30mg quantity 57; non-certified one prescription of Amitriptyline 10mg quantity 30 with 3 refills; and non-certified one prescription for Tramadol 50mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #75: 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, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1998 when, while installing gutters he fell from a ladder landing on to a rocky surface 15 feet below. He sustained a left wrist fracture and L1 compression fracture. He continues to be treated for low back pain and sciatic symptoms. When seen, he was in moderate distress and was limping. He was not having any bowel or bladder dysfunction. There was consideration of a course of prednisone for sciatica. In March 2015 MS Contin is referenced as helping. Medications being prescribed include amitriptyline, tramadol, and MS Contin. The MS Contin dosing is 30 mg 2-3 times per day. The average daily MED (morphine equivalent dose) is 95 mg per day. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. MS Contin is not taken on an as needed basis. Continued prescribing is not medically necessary.

**Amitriptyline 100mg #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): Antidepressants for chronic pain.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1998 when, while installing gutters he fell from a ladder landing on to a rocky surface 15 feet below. He sustained a left wrist fracture and L1 compression fracture. He continues to be treated for low back pain and sciatic symptoms. When seen, he was in moderate distress and was limping. He was not having any bowel or bladder dysfunction. There was consideration of a course of prednisone for sciatica. In March 2015 MS Contin is referenced as helping. Medications being prescribed include amitriptyline, tramadol, and MS Contin. The MS Contin dosing is 30 mg 2-3 times per day. The average daily MED (morphine equivalent dose) is 95 mg per day. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The usual dosing of amitriptyline is up to 100 mg/day. However, in this case, there is no

evidence that the current medications are providing pain relief. For this reason, the request is not medically necessary.

**Tramadol 50mg #60:** 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 for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1998 when, while installing gutters he fell from a ladder landing on to a rocky surface 15 feet below. He sustained a left wrist fracture and L1 compression fracture. He continues to be treated for low back pain and sciatic symptoms. When seen, he was in moderate distress and was limping. He was not having any bowel or bladder dysfunction. There was consideration of a course of prednisone for sciatica. In March 2015 MS Contin is referenced as helping. Medications being prescribed include amitriptyline, tramadol, and MS Contin. The MS Contin dosing is 30 mg 2-3 times per day. The average daily MED (morphine equivalent dose) is 95 mg per day. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.