

<b>Case Number:</b>	CM15-0216957		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Texas, Florida, California

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:

This is a 52 year old male who sustained an industrial injury on 6-18-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical pain, and cervical disc disorder and post cervical laminectomy syndrome. On 7-28-2015, the injured worker complained of increased neck pain, radicular complaints and difficulty sleeping at night. According to the progress report dated 9-17-2015, the injured worker complained of chronic, progressive pain in his head, neck, upper back, mid back, left shoulder and bilateral arms. Per the treating physician (9-17-2015), the injured worker was not currently working. Objective findings (9-17-2015) revealed restricted range of motion of the cervical spine. Spinous process tenderness was noted on C4, C5, C6 and C7. There was tenderness at the paracervical muscles and trapezius. Cervical facet loading was positive on both sides. Light touch was decreased over C5, C6 and C7 dermatomes on the left side. Treatment has included physical therapy, cervical epidural steroid injection, surgery and medications. Current medications (9-17-2015) included Flexeril, Ibuprofen, Vicodin HP and Zohydro ER. Gabapentin had been previously tried and failed. Amitriptyline was prescribed 9-17-2015. The original Utilization Review (UR) (10-5-2015) denied a request for Elavil and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

**Decision rationale:** This claimant was injured in 2010 with cervical radiculopathy, cervical pain, cervical disc disorder and post cervical laminectomy syndrome. Per the treating physician (9-17-2015), the injured worker was not currently working. Objective functional improvement out of the medicine regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary and appropriately non-certified.

**Norco, every 4-6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 page 79, 80 and 88 of 127. As shared, this claimant was injured in 2010 with cervical radiculopathy, cervical pain, cervical disc disorder and post cervical laminectomy syndrome. Per the treating physician (9-17-2015), the injured worker was not currently working. Objective functional improvement out of the medicine regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in

regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the request is not medically necessary.