

<b>Case Number:</b>	CM15-0031487		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old male with an industrial injury dated 02/28/2013 as the result of a fall. His diagnoses include ankle sprain, foot sprain, lumbosacral sprain, and cervical sprain. Recent diagnostic testing has included a MRI of the cervical spine (06/18/2013) showing degenerative changes without narrowing of the central canal, and x-rays of the right foot and ankle (12/22/2014) showing that one of the screws in the posterior heel had backed out with bone-on-bone contact. Previous treatments have included conservative care, medications, right ankle surgery (07/29/2014), and physical therapy. In a progress note dated 12/22/2014, the treating physician reports some improvement in pain in regards to the right foot. The objective examination revealed tenderness over the posterior screw heads with palpable and tender hardware, no palpable motion across the subtalar joint, intact sensation and mild swelling. The treating physician is requesting Norco and Elavil which were denied by the utilization review. On 01/20/2015, Utilization Review non-certified a prescription for Norco 5/325mg #120, noting the 2 previous utilization review recommendations for weaning/tapering of Vicodin due to lack of efficacy, the current lack of efficacy, and that this medication was prescribed for post-operative pain for a surgery dated 07/29/2014. The MTUS ACOEM ODG Guidelines were cited. On 01/20/2015, Utilization Review non-certified a prescription for Elavil 35mg #30 with 3 refills, noting the previous recommendations for tapering due to lack of efficacy and the failure of documented attempts of tapering. The MTUS ACOEM ODG Guidelines were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg #120 and Elavil 25mg #30 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; When to Continue Opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck, upper and lower back pain. The current request is for NORCO 5/325MG #120. Request for Authorization (RFA) is dated 12/18/14. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient was prescribed Norco on 10/13/14. The treating physician stated that the patient is to use the medication sparingly and side effects were discussed. The patient was given a refill of Norco 5/325mg #120 "for pain control." There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

**Elavil 25mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants medications Page(s): 13-15.

**Decision rationale:** This patient presents with neck, upper and lower back pain. The current request is for ELAVIL 25MG #30 WITH 3 REFILLS. Request for Authorization (RFA) is dated 12/18/14. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics 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." This patient has been utilizing this medication since at least 1/15/14. The treating physician continually notes that Amitriptyline is "for chronic pain pursuant to the Chronic Pain Medical Treatment Guidelines." The use of this medication is indicated as the patient suffers from chronic pain. However, recommendation for further use cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. MTUS guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation cannot be supported. The requested Elavil IS NOT medically necessary.