

Case Number:	CM15-0086838		
Date Assigned:	05/11/2015	Date of Injury:	02/09/1995
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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:

The injured worker is a 63-year-old male, who sustained an industrial injury on 2/9/95. He reported pain in his neck and back. The injured worker was diagnosed as having lumbar stenosis and facet syndrome. Treatment to date has included Amitriptyline, Percocet, Flexeril and Sumatriptan (since at least 2/21/15). On 2/21/15, the objective findings included limited cervical range of motion in all planes, a positive straight leg raise test at 60 degrees bilaterally and decreased grip bilaterally. As of the PR2 dated 4/21/15, the injured worker reports continued pain in his neck, arm, back and leg. He rates his pain 8-9/10 without medications and 3-4/10 with medications. Objective findings include limited cervical range of motion in all planes, a positive straight leg raise test at 60 degrees bilaterally and decreased grip bilaterally. The treating physician requested Amitriptyline 25mg #90 x 2 refills, Percocet 10/325mg #100, Flexeril 10mg #120 x 2 refills and Sumatriptan 100mg #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Section Specific Antidepressants Tricyclic Antidepressants Page(s): 47, 48.

Decision rationale: Amitriptyline is a tricyclic antidepressant. MTUS Guidelines recommend tricyclics as a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. They can create anticholinergic side effects of dry mouth, sweating, dizziness, orthostatic hypotension, fatigue, constipation, and urinary retention. To minimize side effects, it is suggested that titration should be slow and based on the patient's response. In this case, there is no documentation of neuropathic pain to support the use of amitriptyline. The request for amitriptyline 25mg #90 with 2 refills is determined to not be medically necessary.

Percocet 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-82, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Percocet chronically (at least one year) for pain without documentation of objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg #100 is determined to be not medically necessary.

Flexeril 10mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker has been prescribed Flexeril on a chronic basis for pain (at least 10 months). Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #120 with 2 refills is determined to not be medically necessary.

Sumatriptan 100mg #48: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dailymed.nlm.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: MTUS/ODG Guidelines do not address the use of Sumatriptan for headaches; therefore, alternative guidelines were consulted. Per manufacturer's information, Sumatriptan is a serotonin 5-HT₁ receptor agonist ("triptan"). It works by narrowing blood vessels in the brain, which helps to relieve migraine and cluster headaches. Sumatriptan is used for treating migraine headaches with or without aura (eg, flashing lights, wavy lines, dark spots). It is also used to treat cluster headaches. Although there is documentation of headaches in the injured worker, the type of headache or its characteristics is not discussed to establish medical necessity of sumatriptan. The request for Sumatriptan 100mg #48 is determined to not be medically necessary.