

<b>Case Number:</b>	CM14-0210794		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 34-year-old woman with a date of injury of 12/07/2007. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/19/2014 indicated the worker was experiencing pain in the upper back that went into the arms with weakness and numbness, lower back that went into the legs, right wrist, and left knee. The documented examination described decreased motion in the upper and lower back joints, tenderness in the upper and lower back, positive Spurling's signs on both sides, decreased sensation along the paths of the C5-8 spinal nerves, positive testing involving raising the straightened left leg, decreased motion in both shoulders, tenderness in the shoulders, tenderness and decreased motion in the right wrist and left knee joints. The submitted and reviewed documentation concluded the worker was suffering from diffuse myofascial pain, C5 disk bulge, shoulder strain/sprain, psyche issues, GI issues due to medication use, headaches, and lower back strain/sprain. Treatment recommendations included medications, urinary drug screen testing, a back brace, a cane, and modified activities. A Utilization Review decision was rendered on 12/03/2014 recommending non-certification for thirty tablets of Elavil (amitriptyline) 50mg and 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg. Treating physician notes dated 08/27/2014 and 09/29/2014 and a urinary drug screen testing report dated 09/29/2014 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil (Amitriptyline) 50mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Antidepressants for Chronic Pain, Specific Antidepressants: Tricyclic Antidepress.

**Decision rationale:** Amitriptyline is a medication in the tricyclic antidepressant class. The MTUS guidelines recommend tricyclic antidepressants as first line agents against neuropathic pain unless the therapy is ineffective, poorly tolerated, or not able to be given for medical reasons. Analgesia generally occurs within a few days while the antidepressant effects tend to take longer. Efficacy should be assessed based on pain outcomes, functional improvement, decreased use of other pain medications, mood and psychiatric symptoms, and side effects. The submitted and reviewed records indicate the worker was experiencing pain in the upper back that went into the arms with weakness and numbness, lower back that went into the legs, right wrist, and left knee. The documented pain assessments did not include many of the elements recommended by the guidelines, such as the benefits of specific medications, how long the benefits last, or an exploration of possible negative effects. In the absence of such evidence, the current request for thirty tablets of Elavil (Amitriptyline) 50mg is not medically necessary.

**Norco (Hydrocodone) 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Norco (Hydrocodone with Acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The guidelines recommend that the total opioid daily dose should be lower than 120mg oral Morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the upper back that went into the arms with weakness and numbness, lower back that

went into the legs, right wrist, and left knee. The documented pain assessments did not include many of the elements recommended by the guidelines, such as the benefits of specific medications, how long the benefits last, or an exploration of possible negative effects. Further, a urinary drug screen testing report dated 09/29/2014 indicated results were not consistent with the documented medication regimen. There was no discussion detailing an individualized risk assessment. For these reasons, the current request for 120 tablets of Norco (Hydrocodone with Acetaminophen) 10/325mg is not medically necessary.