

<b>Case Number:</b>	CM14-0211165		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/17/1998
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<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: 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:

Complains of low back pain which lasted 15+ years. The patient has had seven spine surgeries and a spinal cord stimulator for 2-3 years (removed 1 1/2 years ago because it was ineffective). The pain radiates down the bilateral lower extremities and is rated 6/10. Per progress report dated 10/09/14, the pain was rated 8/10. Elavil, Gralise, Oxymorphone and Celebrex have been included in patient's medications per progress reports dated 07/11/14, 11/06/14 and 12/14/14. Per treater report dated 11/06/14, Elavil is prescribed for sleep, pain and depression. Gralise is prescribed for neuropathy, sleep and opiate potentiating. Patient failed Neurontin; Gralise provides better bioavailability so more nerve pain relief and helps patient with increased sleep time. Celebrex is prescribed for pain and inflammation. Patient failed Ibuprofen and Naprosyn. Oxymorphone is prescribed for moderate/severe pain. Onset up to 40-50 mins, gives patient 35% relief with 3.5 hour duration. Patient's activities of daily living are limited but better than with Oxycodone, which failed. Regarding Adverse effects, patient experiences sweating, but tolerable due to pain relief. No aberrant behavior noted. CURES report is up to date 03/18/14 and appropriate. Urine drug screen dated 10/16/13 showed appropriate results. Patient's other treatments include chiropractic, acupuncture, TENS, epidural and other injections, and psychological treatment (patient has history of depression). Per treater report dated 10/09/14, patient experiences headache as adverse effect from Oxymorphone. Per treater report dated 12/14/14, with medications, patient is able to do some ADL's and can drive, he can sit for an hour and a half, and walk for about 1 hour, and is able to stand about 10 min max in one spot, whereas without meds, just a few minutes. MRI of the Lumbar Spine 05/02/12- instrumented

fusion at L2,3 through L5, S1- posterior decompression laminectomy at L3, 4 and L4, 5 with a dorsal extra dural fluid collection in the laminectomy defect, likely a seroma- moderate multifactorial acquired central spinal stenosis at L1, 2 with a grade 1 retrolisthesis Diagnosis 10/09/14, 11/06/14- post laminectomy lumbar (working). L2 - S1- lumbar or thoracic radiculopathy- chronic pain syndrome (working)- lumbar stenosis (working), L1,2The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 07/11/14 - 12/14/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 Tablets of Elavil 25mg between 11/26/2014 and 1/10/2015: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with low back pain which lasted 15+ years. The patient has had seven spine surgeries and a spinal cord stimulator for 2-3 years (removed 1 1/2 years ago because it was ineffective). The pain radiates down the bilateral lower extremities and is rated 6/10. The request is for 30 Tablets Of Elavil 25mg Between 11/26/2014 And 1/10/2015. Patient's diagnosis on 11/06/14 included lumbar or thoracic radiculopathy, chronic pain syndrome, and lumbar stenosis. Elavil, Gralise, Oxymorphone and Celebrex have been included in patient's medications per progress reports dated 07/11/14, 11/06/14 and 12/14/14. Patient's other treatments include chiropractic, acupuncture, TENS, epidural and other injections, and psychological treatment (patient has history of depression). 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." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Per treater report dated 11/06/14, Elavil is prescribed for sleep, pain and depression. Per treater report dated 12/14/14, with medications, patient is able to do some ADL's and can drive, he can sit for an hour and a half, and walk for about 1 hour, and is able to stand about 10 min max in one spot, whereas without meds, just a few minutes. Per progress report dated 10/09/14, the pain was rated 8/10 and it was decreased to 6/10, per treater report dated 11/06/14. Treater has documented pain and function as indicated by guidelines. Given documentation of patient's symptoms, history of depression and benefit, the request IS medically necessary.

**90 Tablets of Gralise 600mg between 11/26/2014 and 1/10/2015: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18, 19.

**Decision rationale:** The patient presents with low back pain which lasted 15+ years. The patient has had seven spine surgeries and a spinal cord stimulator for 2-3 years (removed 1 1/2 years ago because it was ineffective). The pain radiates down the bilateral lower extremities and is rated 6/10. Per progress report dated 10/09/14, the pain was rated 8/10. The request is for 90 Tablets Of Gralise 600mg Between 11/26/2014 AND 1/10/2015. Patient's diagnosis on 11/06/14 included lumbar or thoracic radiculopathy, chronic pain syndrome, and lumbar stenosis. Elavil, Gralise, Oxymorphone and Celebrex have been included in patient's medications per progress reports dated 07/11/14, 11/06/14 and 12/14/14. Per treater report dated 11/06/14, Elavil is prescribed for sleep, pain and depression. Per treater report dated 12/14/14, with medications, patient is able to do some ADL's and can drive, he can sit for an hour and a half, and walk for about 1 hour, and is able to stand about 10 min max in one spot, whereas without meds, just a few minutes. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per treater report dated 11/06/14, Gralise is prescribed for neuropathy, sleep and opiate potentiating. Patient failed Neurontin; Gralise provides better bioavailability so more nerve pain relief and helps patient with increased sleep time. Per progress report dated 10/09/14, the pain was rated 8/10 and it was decreased to 6/10, per treater report dated 11/06/14. Treater has documented decrease in pain and increase in function with prescribed medications. The request meets guideline indications, therefore Gralise IS medically necessary.

**190 Tablets of Oxymorphone 5mg between 11/26/2014 and 1/10/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 60,61;76-78;88-89.

**Decision rationale:** The patient presents with low back pain which lasted 15+ years. The patient has had seven spine surgeries and a spinal cord stimulator for 2-3 years (removed 1 1/2 years ago because it was ineffective). The pain radiates down the bilateral lower extremities and is rated 6/10. Per progress report dated 10/09/14, the pain was rated 8/10. The request is for 190 Tablets Of Oxymorphone 5mg Between 11/26/2014 AND 1/10/2015. Patient's diagnosis on 11/06/14 included lumbar or thoracic radiculopathy, chronic pain syndrome, and lumbar stenosis. Elavil,

Gralise, Oxymorphone and Celebrex have been included in patient's medications per progress reports dated 07/11/14, 11/06/14 and 12/14/14. Oxymorphone is prescribed for moderate/severe pain. Onset up to 40-50 mins, gives patient 35% relief with 3.5 hour duration. Regarding Adverse effects, patient experiences sweating, but tolerable due to pain relief. No aberrant behavior noted. CURES report is up to date 03/18/14 and appropriate. Urine drug screen dated 10/16/13 showed appropriate results. Per treater report dated 12/14/14, with medications, patient is able to do some ADL's and can drive, he can sit for an hour and a half, and walk for about 1 hour, and is able to stand about 10 min max in one spot, whereas without meds, just a few minutes. Per treater report dated 10/09/14, patient experiences headache as adverse effect from Oxymorphone. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. Per treater report dated 11/06/14, Oxymorphone is prescribed for moderate/severe pain. Patient's activities of daily living are limited but better than with Oxycodone, which failed. In this case, adequate documentation has been provided including numeric scales and functional measures that show significant improvement with Oxymorphone. However, in addressing the 4A's, treater has documented sweating per treater report dated 11/06/14 and headaches per treater report dated 10/09/14. MTUS requires the 4A's are met when recommending opiates. Furthermore, there are no discussions of return to work or change in work status. Given lack of documentation and adverse effects of Oxymorphone, the request IS NOT medically necessary.

### **30 Caplets of Celebrex 200mg between 11/26/2014 and 1/10/2015: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

**Decision rationale:** The patient presents with low back pain which lasted 15+ years. The patient has had seven spine surgeries and a spinal cord stimulator for 2-3 years (removed 1 1/2 years ago because it was ineffective). The pain radiates down the bilateral lower extremities and is rated 6/10. Per progress report dated 10/09/14, the pain was rated 8/10. The request is for 30 Caplets Of Celebrex 200mg Between 11/26/2014 AND 1/10/2015. Patient's diagnosis on 11/06/14 included lumbar or thoracic radiculopathy, chronic pain syndrome, and lumbar stenosis. Elavil, Gralise, Oxymorphone and Celebrex have been included in patient's medications per progress reports dated 07/11/14, 11/06/14 and 12/14/14. Per treater report dated 11/06/14, Elavil is prescribed for sleep, pain and depression. Per treater report dated 12/14/14, with medications, patient is able to do some ADL's and can drive, he can sit for an hour and a half, and walk for about 1 hour, and is able to stand about 10 min max in one spot, whereas without meds, just a few minutes. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2

inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per treater report dated 11/06/14, Celebrex is prescribed for pain and inflammation. Treater has documented decrease in pain and increase in function with prescribed medications. Per progress report dated 10/09/14, the pain was rated 8/10 and it was decreased to 6/10, per treater report dated 11/06/14. Treater also documents that patient failed Ibuprofen and Naprosyn, which is indicated by guidelines. Also, heartburn was noted in review of system, per treater report dated 10/09/14. The request meets guideline indications, therefore Celebrex IS medically necessary.