

<b>Case Number:</b>	CM14-0217978		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/21/1988
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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:

The injured worker is a 65 year old female with a date of injury of August 21, 1988. Results of the injury include low back, right shoulder, and right knee pain. Diagnosis include chronic pain syndrome, degenerative lumb/lumbosac intervert disc, postlaminectomy syndrome lumbar region, pain in joint, shoulder region, uns neuralgia neuritis and radiculitis. Treatment has included medications, dietary restriction, regular physical exercise, and TENS unit. Medical imaging was not provided. Progress report dated September 29, 2014 reported low back and right knee pain. There was also neck and shoulder/arm pain as well as pain to the right shoulder. The injured worker reported having difficulty with activities of daily living. There was also crepitation an deformities of arthritis. Disability status was noted as permanently disabled. The treatment plan included exercise, urine drug screen for medication management, lyrica, and possible X-ray of the right shoulder if there was continued pain. Utilization Review form dated November 21, 2014 modified Endocet 10/325 mg # 90, Lyrica 75 mg # 30, Amitriptyline 25 mg # 30, and Tramadol APAP 37.5-325 mg # 100 according to MTUS treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 10/325mg #100:** 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 Page(s): 76-78,88-89.

**Decision rationale:** The patient is a 65 year-old female with a 8/21/1988 date of injury. She tripped and fell, landing on her back and fractured L3, L4, L5 and S1 bodies. She has not returned to work since 8/21/1988. On 11/7/14, she was reported to have 5/10 pain, in the low back, right knee, also pain in the right shoulder and neck. She has been diagnosed with post laminectomy syndrome, lumbar region; degenerative lumbar and cervical discs; chronic pain syndrome. On 11/21/14 UR denied or modified medications, because the 11/7/14 report did not discuss efficacy. Medical reports from 6/6/14 through 11/7/14 were reviewed but did not discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for 'Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]' provides the criteria. 'Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' The records show the patient has been on Endocet/oxycodone since 6/6/14. The available records do not discuss efficacy or reduction of pain, improvement of function or quality of life with use of the medication. The MTUS criteria for long-term use of opioids has not been met. The continued use of opioids is not in accordance with MTUS guidelines. Based on the provided records, the request for Endocet 10/325mg, #100 IS NOT medically necessary.

**Lyrica 75mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-18.

**Decision rationale:** The patient is a 65 year-old female with a 8/21/1988 date of injury. She tripped and fell, landing on her back and fractured L3, L4, L5 and S1 bodies. She has not returned to work since 8/21/1988. On 11/7/14, she was reported to have 5/10 pain, in the low back, right knee, also pain in the right shoulder and neck. She has been diagnosed with post laminectomy syndrome, lumbar region; degenerative lumbar and cervical discs; chronic pain syndrome. On 11/21/14 UR denied or modified medications, because the 11/7/14 report did not discuss efficacy. Medical reports from 6/6/14 through 11/7/14 were reviewed but did not discuss efficacy of the medications. This review is for the antiepilepsy drug Lyrica. The records show that Lyrica 'was resumed' on 9/29/14, but there was no indication that it provides reduction of pain. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs Antiepilepsy drugs (AEDs) Outcome states: A 'good' response to the use of AEDs has been

defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The available medical reports do not show that Lyrica provided at least 30% reduction in pain. The continued use is not in accordance with MTUS guidelines. The request for Lyrica 75mg, #30, IS NOT medically necessary.

**Amitriptyline 25mg #30: 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 Antidepressants Pain Outcomes and Endpoints Page(s): 13-16, 8-9.

**Decision rationale:** The patient is a 65 year-old female with a 8/21/1988 date of injury. She tripped and fell , landing on her back and fractured L3, L4, L5 and S1 bodies. She has not returned to work since 8/21/1988. On 11/7/14, she was reported to have 5/10 pain, in the low back, right knee, also pain in the right shoulder and neck. She has been diagnosed with post laminectomy syndrome, lumbar region; degenerative lumbar and cervical discs; chronic pain syndrome. Medical reports from 6/6/14 through 11/7/14 were reviewed but did not discuss efficacy of the medications. The request is use of Amitriptyline. The provided medical reports did not discuss efficacy of any of the medications and did not indicate when the patient started using amitriptyline or Elavil nor do they discuss when it was requested. There was no rationale provided for use of amitriptyline. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS recommends Amitriptyline for neuropathic and non-neuropathic pain. However, MTUS states all therapies are focused on the goal of functional restoration. There is no reporting of functional improvement with use of amitriptyline. MTUS does not recommend continuing treatment that does not provide functional improvement. Based on the available report, the request for Amitriptyline 25mg, #30, IS NOT medically necessary.

**Tramadol APAP 37.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

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

**Decision rationale:** The patient is a 65 year-old female with a 8/21/1988 date of injury. She tripped and fell , landing on her back and fractured L3, L4, L5 and S1 bodies. She has not

returned to work since 8/21/1988. On 11/7/14, she was reported to have 5/10 pain, in the low back, right knee, also pain in the right shoulder and neck. She has been diagnosed with post laminectomy syndrome, lumbar region; degenerative lumbar and cervical discs; chronic pain syndrome. On 11/21/14 UR denied or modified medications, because the 11/7/14 report did not discuss efficacy. Medical reports from 6/6/14 through 11/7/14 were reviewed but did not discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for 'Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]' provides the criteria. 'Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' The records show the patient has been on Tramadol APAP/Ultracet since 6/6/14. The available records do not discuss efficacy or reduction of pain, improvement of function or quality of life with use of the medication. The MTUS criteria for long-term use of opioids has not been met. The continued use of opioids is not in accordance with MTUS guidelines. Based on the provided records, the request for Tramadol APAP 37.5mg, #120, IS NOT medically necessary.