

Case Number:	CM15-0010032		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2011
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Internal 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 25 year old female, who sustained an industrial injury on 7/23/11. On 1/20/15, the injured worker submitted an application for IMR for review of Elavil 10mg B.I.D. Q.H.S #60 3 refills, and Norco 101/325mg 5-6 a day #180. The treating provider has reported the injured worker complained of persistent bilateral knee pain; medication is beneficial. The diagnoses have included ACL tear Left knee, chondromalacia, Patella (right). Treatment to date has included physical therapy, knee braces, status post left knee meniscal repair (10/2011), arthroscopy debridement and bone grafting (8/14/13) and arthroscopy, ACL reconstruction (3/6/14, MRI Right knee (5/30/14).It was noted in the records that Elavil aided the patient in her sleep.On 11/18/14 the MD noted that the Norco aided her daily functioning and her ability to do do exercises and that the patient followed strict protocol for its use, including frequent urine drug screens and no evidence of drug seeking behavior.The MD also noted that Prozac helped but not enough and he increased the dose to 40 mg and also was seeking a psychiatric consult. On 1/8/15 Utilization Review non-certified Elavil 10mg B.I.D. Q.H.S #60 3 refills and modified Norco 101/325mg 5-6 a day #180 to #60 to allow for weaning. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg B.I.D. Q.H.S #60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 13,14,15.

Decision rationale: Elavil or Amitriptyline is a tricyclic antidepressant which is a first line agent for treatment of chronic pain unless it is found to be ineffective, is poorly tolerated, or is contraindicated. It has been found to be effective in the treatment of fibromyalgia. In general, tricyclics are recommended over SSRIs for treatment of chronic pain. Caution must be exercised because of the risk of toxicity and overdose which is a significant risk of death due to cardiac and neurological effects. They are considered as a first line treatment for neuropathic pain and they work equally effective in both depressed and non depressed patients. Trials have shown their effectiveness in central post stroke pain, post herpetic neuralgia, both diabetes and non diabetes neuropathic pain. However, recent trials have not shown effectiveness in spinal cord pain and phantom limb pain. Tricyclic are contraindicated in cardiac conduction or decompensation problems. They can cause both cardiac conduction block and arrhythmia in patients greater than 40 years old . A screening EKG should be done. Other side effects include seizure, dry mouth, sweating, dizziness, orthostatic hypotension, fatigue, constipation, and urine retention. When Elavil is used for neuropathic pain 10 to 25 mg should generally be the starting dose and this can be titrated up to 100 mg if needed. Again, for fibromyalgia the starting dose is often 10 to 25 mg and the studies that have been done have utilized a dose of 25 to 50 mg. The lowest effective dose should always be utilized. This particular patient is being treated with Prozac with some success for depression and the MD doubled the dose to augment the benefit. However, the patient was noted to have problems with sleep also. Therefore, a more sedating SSRI such as Paxil might be a better alternative than Prozac. Or another antidepressant such as Cymbalta might be able to have sedating effects for sleep and help in treating the pain. Therefore, it seems there are other antidepressants with a more benign side effect profile that might be indicated prior to treating with Elavil. Therefore, the UR is justified in its decision.

Norco 101/325mg 5-6 a day #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 75 and 91.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid

treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. In the above patient we note that she is compliant with her treatment protocol and does not abuse her meds, she is restricted in her Tylenol intake, and that she is able to function and work out with the aid of her Norco. Therefore, in this patient with chronic pain it is deemed acceptable and appropriate to take the current level of medicine and that trying to wean her off the medicine would be detrimental to her well being. Therefore, the UR decision is overturned.