

<b>Case Number:</b>	CM15-0010969		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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:

This 65 year old male sustained a work related injury on 08/06/2007. According to a partially illegible handwritten progress report dated 12/12/2014, the injured worker still wanted epidural shots. The provider noted that once the epidural controls the pain the injured worker will get off Percocet. Treatment plan included urine drug screen, Percocet, Tramadol and Elavil. The injured worker was off work permanently. According to a progress report dated 11/14/2014, the provider noted that Tramadol and Percocet were helping and the cold weather may be increasing the pains. Pain was rated 2 on a scale of 1-10 on medication. Most of the time medicine runs out of effect. The provider noted walking normal and lower back not tender. A urine drug screen dated 12/13/2014 was submitted for review and was noted as positive for opiates and oxycodone. On 01/05/2015, Utilization Review, non-certified Tramadol 50mg two (2) at bedtime #60, Elavil 25mg every afternoon #30 and Percocet 10-325mg one (1) 4 times a day #120. According to the Utilization Review physician in regard to Tramadol and Percocet, despite prior warning, the submitted record still fails to provide supporting evidence of objective functional benefit with prior medication use. There no documentation of current urine drug screen with result and attempt at weaning and tapering. There was no indication as to why the claimant required two separate short acting opioids. Without evidence of objective functional benefit and due to non-compliance with medication guidelines, the medical necessity of these medications was not established. CA MTUS Chronic Pain Medication Treatment Guidelines, Opioids was cited. In regard to Elavil, despite prior warning, the submitted medical records still failed to provide supporting evidence of objective functional benefit with prior medications use. CA

MTUS Chronic Pain Medical Treatment Guidelines, Anti-depressants was cited. The decision was appealed for an Independent Medical Review.

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

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

**Tramadol 50mg 2 qhs #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving two short acting opioids, tramadol and Percocet, since at least June 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized.

**Elavil 25mg qpm #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** Elavil is the tricyclic antidepressant amitriptyline. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. 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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In this case the diagnosis of neuropathic pain is not supported by the documentation in the medical record. There is no medical indication for using Elavil. The request should not be authorized.

**Percocet 10-325mg 1 qid #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

**Decision rationale:** Percocet 10/325 is compounded medication containing oxycodone/acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving two short acting opioids, tramadol and Percocet, since at least June 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized.