

<b>Case Number:</b>	CM15-0018828		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/21/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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 56 year old male, who sustained an industrial injury on May 21, 2002. The diagnoses have included chronic left elbow pain status post left elbow dislocation with medial and lateral epicondylitis and olecranon bursitis, and chronic left wrist pain status post left wrist trauma status post four-quadrant fusion with probable degenerative arthritis in multiple areas of the left wrist, especially the radiolunate joint, chronic cervical pain from cervical disc protrusion at C3-C4 noted on MRI scan of May 3, 2007, chronic lumbosacral pain due to lumbosacral disc protrusions at L5-S1 and multilevel degenerative changes with evidence of L3-L4 radiculopathy on the left and L5-S1 radiculopathy on the right, chronic right wrist pain, wasting of the intrinsic muscles of the right hand, chronic posttraumatic headaches, chronic depression, chronic deficits with posttraumatic brain injury, and sleep disturbances secondary to pain. Treatment to date has included left wrist surgery and medications. Currently, the injured worker complains of left elbow and left wrist pain. The Primary Treating Physician's report dated December 19, 2014, noted the injured worker with left forearm and wrist tenderness. On January 12, 2015, Utilization Review non-certified Elavil 25mg #60 with three refills and Norco 5/325mg #120 with no refills. The UR Physician noted that the request for Elavil 25mg #60 with three refills was modified to approve only one refill so that the injured worker can be monitored appropriately for efficacy of the medication, with the two remaining refills non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that there was not a clear indication for the Norco to be used on a chronic basis, therefore 60 tablets were certified for weaning, with the remaining 60 tablets non-certified, citing the MTUS Chronic Pain

Medical Treatment Guidelines. On February 2, 2015, the injured worker submitted an application for IMR for review of Elavil 25mg #60 with three refills and Norco 5/325mg #120 with no refills.

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

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

**Elavil 25mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Pain Outcomes and Endpoints Page(s): 13-16, 8-9.

**Decision rationale:** The 1/12/15 Utilization Review letter states the Elavil 25mg and 3 refills requested on the 12/19/14 medical report was modified to allow one prescription with one refill so the claimant can continue to be monitored appropriately. According to the 12/19/14 occupational medicine report, the patient continues with left elbow and wrist pain and is not currently working. The diagnoses includes chronic left elbow pain, status post dislocation with medial and lateral epicondylitis and olecranon bursitis; chronic left wrist pain status post left wrist trauma, status post 4-quadrant fusion with probable degenerative arthritis in multiple areas of the left wrist, especially the radiolunate joint. There is also chronic cervical pain; chronic lumbosacral pain; right elbow pain; right wrist pain; wasting of intrinsic muscles in the right hand; chronic posttraumatic headaches; chronic depression; chronic deficits with posttraumatic brain injury; GI bleeding of unknown etiology; sleep disturbance secondary to pain. Amitriptyline and Norco are prescribed for chronic pain. 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 Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints 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 Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MTUS states antidepressants are a first line option for chronic pain. MTUS also states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain. The records from 5/8/14 through 12/19/14 do not discuss any improvement in pain or function or quality of life with use of the Elavil (amitriptyline). There is no indication that the Elavil is providing a satisfactory response. MTUS does not recommend continuing therapy that not providing a satisfactory response. Based on the provided records, the request for Elavil 25mg, #60 with 3 refills IS NOT medically necessary.

**Norco 5/325mg #120, no refills:** Upheld

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

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

**Decision rationale:** The 1/12/15 Utilization Review letter states the Norco 5/325mg, #120 requested on the 12/19/14 medical report was denied because there was no physical exam findings to support the need for opioid narcotics. According to the 12/19/14 occupational medicine report, the patient continues with left elbow and wrist pain and is not currently working. The diagnoses includes chronic left elbow pain, status post dislocation with medial and lateral epicondylitis and olecranon bursitis; chronic left wrist pain status post left wrist trauma, status post 4-quadrant fusion with probable degenerative arthritis in multiple areas of the left wrist, especially the radiolunate joint. There is also chronic cervical pain; chronic lumbosacral pain; right elbow pain; right wrist pain; wasting of intrinsic muscles in the right hand; chronic posttraumatic headaches; chronic depression; chronic deficits with posttraumatic brain injury; GI bleeding of unknown etiology; sleep disturbance secondary to pain. Amitriptyline and Norco are prescribed for chronic pain. The records from 5/8/14 through 12/19/14 do not discuss any improvement in pain or function or quality of life with use of the Norco. 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 available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for Norco 5/325mg, #120, IS NOT medically necessary.