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| Case Number: | CM15-0120340 | | |
| Date Assigned: | 08/25/2015 | Date of Injury: | 06/14/1995 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 66 year old female who sustained an industrial injury on 6-14-1995. She was lifting heavy boxes on the floor. She has reported back pain radiating from her back into her hips and posterior thighs and has been diagnosed with degenerative disc disease, post decompressive laminectomy L4-5, with scar tissue formation. Treatment has included medications, acupuncture, physical therapy, chiropractic care, surgery, injection, and medical imaging. It was difficult for her to walk very far. Norco barely touched her pain. She has been on the same medication and does not want to change. She understands the use of NSAIDS can give her a skin rash and she felt she has a consequential rash on the nape of the neck. Treatment included medications and referral to a spinal surgeon. The treatment request included Norco # 150 and Amitriptyline 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 64-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The UR modified the request to allow for weaning which is appropriate. As such, the request for Norco quantity 90 is not medically necessary.

Amitriptyline 10mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCAs.

Decision rationale: MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)." The medical records fail to meet the above guidelines to utilize Amitriptyline for the treatment of neuropathic pain. The patient does have significant pain but does not appear to be a neuropathic component. Also, there is no indication of quantity for this medication. As such, the request for Amitriptyline 10mg quantity unspecified is not medically necessary.

