

Case Number:	CM15-0174544		
Date Assigned:	09/16/2015	Date of Injury:	04/18/1991
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 04-18-1991. The injured worker is currently permanent and stationary and unable to return to work. Medical records indicated that the injured worker is undergoing treatment for lumbar spondylosis, peripheral neuropathy, chronic pain syndrome, long term use of medications, post-laminectomy syndrome, unspecified myalgia and myositis, reflex sympathetic dystrophy, unspecified essential hypertension, and left lumbar radiculopathy. Treatment and diagnostics to date has included acupuncture, chiropractic treatment, physical therapy, spinal cord stimulator, spinal surgery, and medications. Current medications include Lisinopril, Tramadol, Sulfasalazine, Hydro-chlorothiazide, Atorvastatin, Metoprolol, Sudafed, MS Contin, and Amitriptyline. In a progress note dated 07-27-2015, the injured worker reported lower back pain with radiation down bilateral legs rated 8 out of 10 on average with pain medications and 10 out of 10 on average without pain medications. Objective findings included decreased lumbar spine range of motion, positive bilateral Patrick's test, and no tenderness to palpation noted to lumbar or thoracic paraspinal muscles, lumbar facet joints, or bilateral sacroiliac joints. The request for authorization dated 07-30-2015 requested MS Contin 60mg #90 and Amitriptyline 150mg #30. The Utilization Review with a decision date of 08-14-2015 modified the request for Amitriptyline 150mg 1 tablet every night #15 x 2 and MS Contin 60mg 1 tablet every 8 hours #45 x 2 to Amitriptyline 150mg 1 tablet every night #15 x 1 and MS Contin 60mg 1 tablet every 8 hours #45 x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 150mg 1 tablet every night quantity 15 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain.

Decision rationale: The MTUS and ODG guidelines note that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) 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. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. 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. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilron, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. For amitriptyline 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). In this case there is a diagnosis of longstanding chronic pain and neuropathic pain. The medical records show that amitriptyline has been used at a dose of 150mg per day since at least 2013. This dose is higher than the recommended dose in the guidelines but is within the maximal dose limit for amitriptyline. No side effects are documented. The treating physician has noted significant pain relief and functional improvement, allowing performance of ADLs. Several previous utilization reviews have recommended weaning from this medication but the treating provider has noted that he is on the lowest effective dose and is not able to discontinue the amitriptyline or decrease from his current regimen. The request for Amitriptyline 150mg 1 tablet every night quantity 15 x 2 is medically necessary.

MS Contin 60mg 1 tablet every 8 hours quantity 45 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: MS Contin is a long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids. They are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of opioids requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Pain contracts or opioid agreements should be in place and weaning may be appropriate over time. Urine drug screening should be considered to ensure proper use of the medications. For long-term use of opioids the MTUS recommends not attempting to lower the dose if it is working. In this case the medical records show that there is a diagnosis of longstanding chronic pain and neuropathic pain. The injured worker has been on a regimen of MS Contin 60mg every 8 hours and since at least 2013. The requirement for opioid pain medication is well-established in this case. His dosage has remained stable. The medical records do note that the medication regimen provides pain relief and functional improvement, allowing ability to perform activities of daily living. A pain contract is in place. The primary treating physician has not documented aberrant pain behavior, evidence of addiction or side effects. Urine drug screening is apparently being performed and is consistent with his current regimen. For future utilization reviews a copy of the urine drug screening results should be provided. Several previous utilization reviews have recommended weaning from this medication but the treating provider has noted that he is on the lowest effective dose and is not able to discontinue the MS Contin or decrease from his current regimen. For long-term use of opioids the MTUS recommends not attempting to lower the dose if it is working. The request for MS Contin 60mg 1 tablet every 8 hours quantity 45 x 2 is medically necessary.