

Case Number:	CM15-0099088		
Date Assigned:	06/01/2015	Date of Injury:	02/01/2013
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

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 60 year old male, who sustained an industrial injury on 2/1/13. The injured worker has complaints of spinal pain. The documentation noted on examination that the lumbar spine shows straightening of the lumbar spine with loss of the normal lumbar lordosis. There is spinous process tenderness reported on palpation of the lumbar spine. The diagnoses have included degeneration of intervertebral; pain in thoracic spine and spasm of muscle and sprain of sacrum. Treatment to date has included prilosec; norco; amitriptyline; Celebrex and voltaren. The request was for amitriptyline HCL 25mg with 1 refill; Celebrex 200mg with 1 refill and norco 10/325mg with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg with 1 refill: 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 Intervention and Treatment Section Amitriptyline Section Page(s): 47.

Decision rationale: Per MTUS Guidelines, Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines. There is not documented evidence in the available records of neuropathic pain. Additionally there is no documentation of objective functional improvement or decrease in pain while using the medication. The request for Amitriptyline HCL 25mg with 1 refill is not medically necessary.

Celebrex 200mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section NSAIDs, Specific Drug List and Adverse-Effects Section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The injured worker has been taking Celebrex for an extended period which is not recommended. The request for Celebrex 200mg with 1 refill is not medically necessary.

Norco 10/325mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker had been taking Norco for an extended period without objective documentation of functional gains or decrease in pain. Additionally, the number of Norco

requested is not included with this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg with 1 refill is not medically necessary.