

Case Number:	CM13-0007206		
Date Assigned:	05/02/2014	Date of Injury:	02/01/2000
Decision Date:	07/14/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who has submitted a claim for lumbar facet syndrome, chronic pain syndrome, and opioid dependency associated with an industrial injury date of February 1, 2000. Medical records from 2012-2014 were reviewed, the latest of which dated February 24, 2014 revealed that the patient did not receive any relief from the RFA at the left L4-L5 and L5-S1 done last January 29, 2014. His pain increased following the procedure and this has remained unchanged. He reports stabbing low back pain bilaterally rated at 7/10. He states that he is frustrated about his pain, and has not found something that will relieve it. He continues to work full time, up to 6 times a week. On physical examination, there is decreased range of motion in all planes of the lumbar spine. There is positive facet loading on the left L4-L5 and L5-S1 facets. There is positive straight leg raising test on the right. There is tenderness with active trigger points with twitch response elicited, which radiates to the low back and buttocks bilaterally. There is decreased muscle strength in the bilateral lower extremities (4+/5) and decreased deep tendon reflex in the right leg. Treatment to date has included right medial branch block L4-L5 and L5-S1 (5/8/13), RFA right L3, L4, L5 medial branch nerves (6/20/13), RFA left L4-L5, L5-S1 facets (1/29/14), and medications which include Norco, OxyContin, alprazolam, naproxen, diclofenac sodium, amitriptyline and cyclobenzaprine. Utilization review from July 23, 2013 denied the request for amitriptyline hydrochloride 10 mg #120 retrospective from 06/17/2013 because there was no evidence of neuropathic pain either subjectively or objectively, and there was no symptom or diagnosis of depression, anxiety or insomnia; and denied the request for Cyclobenzaprine 7.5 mg #30 retrospective from 06/17/2013 because the patient has been taking the medication well beyond guideline recommendations and without subjective or objective findings consistent with acute muscle spasms or other objective findings necessitating its use beyond guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 06/17/2013)AMITRIPTYLINE HYDROCHLORIDE 10 MG

#120: 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 Page(s): 13-14.

Decision rationale: As stated on page(s) 13-14 of the Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. In addition, 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. In this case, the patient has been on amitriptyline since January 2013 for pain control. The recent clinical evaluation does not indicate relief of pain and functional improvement from its use. Also, the use of amitriptyline has exceeded the recommended duration of treatment; therefore, the request for Amitriptyline Hydrochloride 10 mg #120 retrospective from 06/17/2013 is not medically necessary.

RETROSPECTIVE (DOS 06/17/2013) FOR CYCLOBENZAPRINE 7.5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: As stated on pages 63-66 of the Chronic Pain Medical Treatment Guidelines, recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, as stated on pages 41-42 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy, with its effect greatest in the first 4 days of treatment. In this case, the patient has been on cyclobenzaprine since January 2013 for pain control. The patient has a history of NSAIDs (naproxen) treatment with no relief. The recent clinical evaluation does not indicate relief of pain and functional improvement of the patient from cyclobenzaprine use. Also, the use of cyclobenzaprine has exceeded the recommended duration of

treatment; therefore, the request for Cyclobenzaprine 7.5 MG #30 retrospective from 06/17/2013 is not medically necessary.