

<b>Case Number:</b>	CM13-0009375		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	02/21/2006
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain and myofascial pain syndrome reportedly associated with an industrial injury of February 21, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; and extensive periods of time off of work. The applicant has been given permanent work restrictions which have resulted in her removal from the workplace. In a utilization review report of July 30, 2013, the claims administrator denied a request for topical compounded gabapentin, partially certified Norco, and partially certified Elavil. An earlier progress note of June 20, 2013 is notable for comments that the applicant reports 5/10 pain with medications and 9/10 pain without medications. She is on Norco, Elavil, and topical Neurontin. The applicant states that medications diminish her pain and increase her function. She exhibits 4+/5 lower extremity strength. Facet joint blocks are endorsed in conjunction with several analgesic medications. Permanent work restrictions are renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg, #135, 3 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain affected as a result of ongoing opioid usage. In this case, it appears that the applicant meets two of the three aforementioned criteria. Specifically, she does report diminished pain scores and improved performance of non work activities of daily living as a result of ongoing opioid usage, although it does not appear that she has returned to work. Thus, on balance, continuing the same is indicated. Therefore, the request is certified as written.

**Amitriptyline HCL 10mg, 2 tabs at bedtime, #180, 3 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressants such as amitriptyline or Elavil are considered a first-line option for the management of neuropathic pain and/or possibly for non-neuropathic pain. In this case, there is apparently some history of the applicant having had neuropathic symptoms, although she did not apparently report any neuropathic symptoms on the June 20, 2013 office visit referenced above. Given her favorable response to the same and improved performance of activities of daily living affected as a result of reported Elavil usage, continuing Elavil is indicated. Therefore, the original utilization review decision is overturned. The request is certified. Contrary to what was suggested by the claims administrator, page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does tepidly endorse usage of tricyclic antidepressants such as amitriptyline for non-neuropathic pain.

**Gabapentin cream 10%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-13.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound use purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.