

Case Number:	CM13-0043616		
Date Assigned:	12/27/2013	Date of Injury:	01/13/2010
Decision Date:	03/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 36-year-old male who injured his back on 1/13/2010 at work, while lifting sheet rock. He reports that he had chronic low back pain and bilateral LE Radiculopathy. The patient states that the pain starts at the lower back and radiates to his left lower leg. He has tried some conservative measure including formal physical therapy and two sets of injections, all of these less invasive options helped, however his symptoms continued to worsen. The patient now is s/p lumbar fusion of L4-S1 and making slow progress. He reports that he hasn't found any relief of symptoms since surgery. He continues to have a bit of low back pain as well as numbness throughout the LLE. He requires assistance with dressing, putting on shoes and socks, and with bed mobility. He is unable to tolerate more than 10 minutes secondary to back pain. According to the progress report dated 5/10/2013, the patient complained of lower back pain with radiation to the left lower extremity. Recent objective findings included mild distress, awkward gait assisted by cane, abnormal posture with neck lordosis and protraction, decreased lumbar range of motion, restricted lumbar facets, tenderness, spasm, a positive straight leg raise at left L4-S1 levels, abnormal sensation over bilateral L4 and LS nerve root distribution, and decreased left medial hamstring reflex. The patient was diagnosed with lumbar discogenic pain, lumbar spine radiculopathy, and gait instability. There was noted lumbar degenerative disc disease and mild depression. At the date of service, the provider dispensed Hydrocodone/Acetaminophen 10/325mg #120, Gabapentin 600mg #90, Pantoprazole 20mg #60, and Tizanidine 4mg #90. In addition, the patient was scheduled for a neurosurgeon consultation that was authorized on 1/29/2013. The records showed that a previous request for a neurosurgeon consultation was also authorized on 9/26/2011. The provider indicated that the patient had pain relief and improved function with Hydrocodone/Acetaminophen and Gabapentin. He also stated that the patient had less inflammation and spasm due to Tizanidine. In addition, the provider noted that the patient

had less heartburn with Pantoprazole. However, the patient's pain level significantly increased from 6/10 to 9/10 since November 2012. A review of records showed no quantitative improvement between December 2012 and May 2013 due to Pantoprazole use. In addition, the documentation revealed a history of Tizanidine use since January 2010 with no measurable improvement demonstrated. The available records also indicated no objective improvement in pain or function between February 2011 and May 2013 due to Norco or Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Section, page 13 Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)-Tricyclic Anti Depressants

Decision rationale: Regarding Amitriptyline, evidence based guidelines recommend Amitriptyline as a first line drug for treating neuropathic pain. The patient was taking 25 mg of Amitriptyline for which he reported on 11/29/12 that it was not helping the neuropathic pain. ■■■ increased the dosage to 50 mg bid. The patient was complaining of blurry vision and reported minimal relief with the increased dosage. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. (Dworkin, 2007) (ICSI, 2007) They can create anticholinergic side effects of dry mouth, sweating, dizziness, orthostatic hypotension, fatigue, constipation, and urinary retention. (Finnerup, 2005) To minimize side effects, it is suggested that titration should be slow and based on the patient's response. Being the change in his medications regimen was to the Amitriptyline and he had blurred vision after the increase, continuing on the increased dosage of Amitriptyline was not indicated. Therefore, the retrospective request for Amitriptyline 50 mg #60 dispensed is not medically necessary

Nortriptyline HCL 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Section, page 13 Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)-Tricyclic Anti Depressants

Decision rationale: Nortriptyline (Pamelor) is a second-generation tricyclic antidepressant. According to the California Chronic Pain Medical Treatment Guidelines tricyclic antidepressant is recommended as a first-line treatment for neuropathic pain especially if pain causes insomnia, anxiety or depression. It may be used as a possibility for non-neuropathic pain. Tricyclic antidepressants are considered first-line agents unless they are ineffective, poorly tolerated, or

contraindicated. Regarding chronic low back pain, the guidelines state there is evidence that antidepressants may provide small to moderate short-term relief, but SSRIs do not appear to be beneficial. Nortriptyline is not warranted. The patient was initially prescribed Nortriptyline on 8/29/2013. During that visit pain was rated 10/10 without medications and 6/10 with medications. The pain rating was unchanged during the most recent visit on 10/4/2013 suggesting that Nortriptyline was ineffective for pain control. Additionally, there was no evidence of improvement with depression or insomnia that would support continued use. After review of the record and evidence-based guidelines the prospective request for Nortriptyline HCL 25mg #60 is not medically necessary.

Hydrocodone/APAP 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, pages 76 -77 Page(s): 76 -77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) -Opioids for chronic pain

Decision rationale: Hydrocodone/ APAP are not recommended, since the guideline criteria are not followed. Although the patient had pain reduction and subjective functional improvement with opioid use, the amount of functional improvement was not quantified. Weaning of Hydrocodone/APAP was initially recommended on 5/16/2013 based on the lack of objective functional improvement and the non-working status of the patient. Additionally, the records revealed the patient was also obtaining Hydrocodone/APAP from another provider. The guidelines recommended a pain contract for chronic opioid therapy that included the stipulation that medications should only be prescribed by one provider. Also, the patient's combined prescribed daily dose of Hydrocodone was 100mg which exceeded the daily recommended limit of 60mg. Based on the foregoing, the request for Hydrocodone/ APAP is not medically necessary.

Cyclobenzaprine HCL 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/AntiSpasmodics Section, page 64 Page(s): 64.

Decision rationale: Cyclobenzaprine is not recommended. Long-term use of muscle relaxant is not recommended. The patient was reported to have used another muscle relaxant, Tizanidine until 8/29/2013 when it was switched to Cyclobenzaprine due to minimal pain relief. Since switching to Cyclobenzaprine, the patient's subjective and objective complaints were unchanged from 8/29/2013 to the most recent visit on 10/4/2013. The guidelines state Cyclobenzaprine use should be limited to a short course of 2-3 weeks. Based on the patient's unchanged status and the

guideline's non-support of long-term use, the prospective request for 1 prescription of Cyclobenzaprine HCL 7.5mg, #60 between 10/4/2013 and 10/4/2013 is not medically necessary.