

<b>Case Number:</b>	CM13-0045579		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/21/1999
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Emergency 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 injured worker is a 72 year-old female, who sustained an injury on April 21, 1999. The mechanism of injury occurred when she reached across a table to pull a box towards her and felt pain in her low back. Diagnostics were not noted. Treatments have included medications, physical therapy, chiropractic, 2001 L4-5 fusion, 2007 right carpal tunnel release, February 5, 2010 diagnostic facet medial branch block, March 26, 2010 left L5 radio-frequency ablation. The current diagnoses are: chronic low back pain, s/p lumbar fusion, bilateral carpal tunnel syndrome, bilateral CMC arthritis. Per a November 13, 2013 appeal letter, the treating physician noted that the injured worker complained of low back pain with radiation down the left lower extremity from a recent flare-up and bilateral carpal tunnel syndrome. This has improved with physical therapy. Objective findings included that the injured worker walked stiffly and slowly, with decreased strength in the left lower extremity. The treating physician further noted that a recent pain flare-up brought her pain level to 7/10, and with medications 4/10, and that the pain was well controlled for over 7 years at a level of 3/10. Amitriptyline was started on September 24, 2013 and was prescribed for chronic pain. Lexapro was started on May 7, 2013, and depression was documented and it was prescribed for depression and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: THE NORCO #240 DISPENSED ON 10/23/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**Decision rationale:** The requested retro Norco #240 is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Opioids for Chronic Pain, Pages 80-81, recommend continued use of opiates with opiate surveillance measures and documented objective evidence of derived functional benefit, such as improvement in activities of daily living, reduced work restrictions or reduced dependence on medical intervention. The injured worker has low back pain with radiation to the left lower extremity. The treating physician has documented a stiff gait, reduced left lower extremity strength, pain quantification of 4/10 and 7/10 with and without medications, and a history of depression symptoms. This medication has been prescribed since at least August 2012. The treating physician has not documented objective evidence of derived functional benefit, such as improvement in activities of daily living, reduced work restrictions or reduced dependence on medical intervention. There is also no documentation of opiate surveillance such as a current narcotic pain contract or results of a current urine drug screen. The criteria noted above not having been met retro Norco #240 is not medically necessary.

**RETRO: ROBAXIN #60 DISPENSED ON 10/23/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested retro Robaxin #60 is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with radiation to the left lower extremity. The treating physician has documented a stiff gait, reduced left lower extremity strength, pain quantification of 4/10 and 7/10 with and without medications, and a history of depression symptoms. This medication has been prescribed since at least August 2012. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, retro Robaxin #60 is not medically necessary.

**RETRO: LEXAPRO #30 DISPENSED ON 10/23/13: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The requested retro Lexapro #30 is medically necessary. Per California MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants for the treatment of chronic pain, neuropathic pain and depression. The injured worker has low back pain with radiation to the left lower extremity. The treating physician has documented a stiff gait, reduced left lower extremity strength, pain quantification of 4/10 and 7/10 with and without medications, and a history of depression symptoms. The treating physician has documented chronic pain, neuropathic pain and symptoms of depression. The criteria noted above having been met, retro Lexapro #30 is medically necessary.

**RETRO: AMITRIPTYLINE 10MG #60 DISPENSED ON 10/23/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The requested retro Amitriptyline 10mg #60 is medically necessary. Per California MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic low back pain, they are recommended for the treatment of neuropathic pain. The injured worker has low back pain with radiation to the left lower extremity. The treating physician has documented a stiff gait, reduced left lower extremity strength, pain quantification of 4/10 and 7/10 with and without medications, and a history of depression symptoms. The treating physician has documented neuropathic pain and symptoms of depression. The criteria noted above having been met retro Amitriptyline 10MG #60 is medically necessary.