

Case Number:	CM13-0057044		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2006
Decision Date:	04/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury on September 25, 2006. Thus far, the applicant has been treated with the following: analgesic medications; adjuvant medications/psychotropic medications; muscle relaxants; attorney representation; topical compound; multilevel lumbar fusion surgeries with subsequent revisions in 2007, 2009, and 2012; and extensive periods of time off of work. An earlier applicant questionnaire of October 22, 2012, is notable for comments that the applicant acknowledges that he is not working and last worked in 2006. The applicant was having ongoing pain complaints. The applicant presented to the emergency department on November 20, 2013, with an acute exacerbation of musculoskeletal low back pain. He was apparently given a Dilaudid shot and sent home in reportedly stable condition. In a medical-legal evaluation of November 18, 2013, the medical-legal evaluator noted that the applicant was exhibiting pain amplifying behavior. The applicant was moving about with the aid of a cane. The applicant reported pain in the low back that was radiating to the groin. The applicant did not derive any benefit from a spinal cord stimulator. An earlier progress note of October 9, 2013, is notable for comments that the applicant reports worsening numbness, tingling, parenthesis about the lumbar spine and lower extremities despite ongoing use of Norco, Flexeril, and Elavil 8/10. The applicant states that medications have been effective in terms of decreasing numbness and tingling. The applicant does carry a diagnosis of comorbid diabetes. He is using a cane to move about. Norco and Flexeril are endorsed. A heightened dose of Elavil is also endorsed owing to the applicant's reportedly worsening neurologic symptoms. On October 9, 2013, the applicant states that medications are improving his sleep and diminishing his pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 41.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesics and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the requested cyclobenzaprine is not medically necessary or appropriate.

AMIRIPTYLINE 25 MG #120: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that amitriptyline is recommended. Tricyclic antidepressants such as amitriptyline are considered a first-line agent for chronic pain syndromes, particularly the chronic lumbar radiculopathy-neuropathic pain reportedly present here. The applicant was reporting difficulty sleeping, and heightened neuropathic/radicular symptoms on the office visit in question. An increase dosage of Elavil (Amitriptyline) was indicated, appropriate, and medically necessary to combat the same. Therefore, the requested amitriptyline is medically necessary and appropriate.