

<b>Case Number:</b>	CM13-0068605		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 36 year old male with a date of injury on 7/17/2012. The patient has been treated for chronic thoracic, low back, bilateral hip pain, and anxiety and depression due to chronic pain. Subjective complaints are of continued pain in the hips and low back, with some radiation to the leg. Pain was 9/10 without medication, and 6/10 with medications. Physical exam shows right hip pain with flexion, internal, and external rotation. MRI of the hips, lumbar/thoracic and cervical spine from 10/15/2012 show: bilateral labral tears, mild spondylosis at L4-5 with disc protrusion, normal thoracic and cervical spine. Medications include Amitriptyline, Tramadol, Relafen, and Prilosec. Documentation indicates that Relafen and Amitriptyline helps with pain and is without significant side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE (DOS: 11/7/13): PRESCRIPTION OF RELAFEN 750MG, #60:**

Overtuned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** California MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Relafen is medically necessary.

**RETROSPECTIVE (DOS: 11/7/13): PRESCRIPTION OF AMITRIPTYLINE 10MG, #60:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ANTIDEPRESSANTS Page(s): 14-16.

**Decision rationale:** California MTUS states that tricyclic antidepressants are considered a first line agent for the treatment of neuropathic pain. Furthermore, California MTUS suggests that systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain. This patient has neuropathic low back pain, and efficacy of amitriptyline is evident in the records. Therefore, the request for Amitriptyline is medically necessary.