

<b>Case Number:</b>	CM14-0011604		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 patient is a 53-year-old female who has submitted a claim for anxiety, depression, insomnia, lumbar facet arthropathy, radiculopathy, degenerative disc disease, cervical and lumbar, and chronic pain syndrome associated with an industrial injury date of January 28, 2003. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of lower back pain, leg pain and thigh pain radiating to the left calf, ankle and foot. Physical examination revealed joint pain, swelling and muscle weakness. An antalgic gait was noted. There was tenderness over the lumbar paraspinal muscles. Lumbar spine range of motion was decreased due to pain. Facet loading test was positive. Muscle strength was normal. Patient demonstrated appropriate mood and affect. The patient was negative for anhedonia. She denied hopelessness and does not have suicidal ideation. Treatment to date has included cervical fusion, chiropractic treatment, aquatic therapy, physical therapy, steroid injections, and medications, which include Soma 350mg, Norco 10/325mg, Docusate Sodium 100mg, Citalopram 10mg, Lorazepam 0.5mg, Trazodone 100mg and Amitriptyline. Utilization review from January 16, 2014 denied the requests for 30 tablets of Amitriptyline Hcl 75mg, 60 capsules of Docusate Sodium 100mg and 120 tablets of Amitriptyline. Amitriptyline was denied because the most recent report failed to provide any objective evidence of neuropathic source of pain. A recent psychological evaluation was also not provided that would show an objective assessment of the patient's response to prior amitriptyline use to warrant continued use. Docusate Sodium was denied because the request for Norco was not approved and the most recent report failed to provide any other documented clinical indication to warrant its continued use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 TABLETS OF AMITRIPTYLINE HCL 75MG:** Upheld

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

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

**Decision rationale:** According to pages 13-14 of the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. It is also a possible option for non-neuropathic pain in depressed patients. In addition, assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient has been on Amitriptyline since 2012. Patient's manifestation of chronic low back pain radiating to the lower extremities associated with stabbing pain and numbness, is consistent with neuropathic pain. Patient is also diagnosed to have insomnia and depression consistent with guidelines for amitriptyline use. However, medical records failed to provide evidence of pain relief or functional improvement derived from Amitriptyline use. The medical necessity was not established. Therefore the request for 120 tablets of Amitriptyline 25 mg is not medically necessary.

**60 CAPSULES OF DOCUSATE SODIUM 100MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. Docusate is a stool softener. In this case, the patient has been on this medication since 2012. This medication is necessary to manage constipation associated with medication intake and the patient has been on chronic opioid therapy with reported episodes of constipation. Continuation of prophylactic management with Docusate is recommended as patient is currently on opioid. Therefore, the request for 60 capsules of Docusate Sodium 100 mg is medically necessary.

**120 TABLETS OF AMITRIPTYLINE 25MG:** Upheld

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

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

**Decision rationale:** According to pages 13-14 of the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. It is also a possible option for non-neuropathic pain in depressed patients. In addition, assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient has been on Amitriptyline since 2012. Patient's manifestation of chronic low back pain radiating to the lower extremities associated with stabbing pain and numbness, is consistent with neuropathic pain. Patient is also diagnosed to have insomnia and depression consistent with guidelines for amitriptyline use. However, medical records failed to provide evidence of pain relief or functional improvement derived from Amitriptyline use. The medical necessity was not established.