

<b>Case Number:</b>	CM14-0110733		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35 year old male injured on 09/23/12 when involved in a motor vehicle collision. Diagnoses include low back pain, lumbar disc displacement, lumbar radiculopathy, post-laminectomy syndrome in the lumbar region, and anxiety disorder. Clinical note dated 06/05/14 indicates the injured worker presented complaining of low back pain with radiation into the right leg with associated numbness, paresthesia, and weakness. The injured worker rated pain at 8/10 described as stabbing, burning, and constant. The injured worker reported low back pain was worsening making it difficult to perform activities of daily living requiring multiple medications. The injured worker utilized H-wave with positive results. Physical examination revealed paralumbar spasm, tenderness to palpation on the right, atrophy present in the quadriceps, decreased range of motion, straight leg raising positive on the right, deep tendon reflexes 1+ at the knee, sensation to light touch decreased on the right, and motor strength of the lower extremities measured 5/5 in all groups bilaterally. Treatment plan included prescription for Neurotin 600mg three times daily, Flexeril 10mg three times daily, Norco 325-10mg every 4 hours, Amitriptyline 75mg once daily, and Ativan 2mg three times daily. The initial request for 30 tablets of Amitriptyline 75mg and 90 tablets of Ativan 2mg was initially non-certified on 06/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Amitriptyline 75 mg.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s) : 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** Current guidelines consider tricyclics a first-line treatment for neuropathic pain. The clinical documentation objective findings consistent with neuropathic pain. As such, the request for 30 tablets of Amitriptyline 75 mg is medically necessary.

**90 tablets of Ativan 2 mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s) : 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to this medication develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for 90 tablets of Ativan 2 mg is not medically necessary.