

<b>Case Number:</b>	CM14-0112843		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York and Maryland. 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 47 year old female who was injured on 03/18/2009. The mechanism of injury is unknown. Prior treatment history has included chiropractic therapy. An MRI of the lumbar spine dated 02/26/2014 revealed status post lumbar fusion at L4-L5. The laminectomy decompresses the spinal canal adequately. There is a 1 to 2 mm diffuse disk bulge at L5-S1; facet arthropathy at L2-L3, L3-L4, L4-L5 and L5-S1. A progress report dated 02/07/2014 states the patient complained of left leg pain with weakness, numbness and tingling. He also reported continued low back pain. The objective findings on exam revealed the patient to have a limp favoring the left leg. Tenderness is noted over the lumbar spine. He has positive straight leg raise on the left with weakness. The abdomen has generalized tenderness to palpation. On note dated 06/26/2014, the patient presented with low back pain and leg pain related to a work injury. She reported her pain is controlled with her medications. The objective findings on exam revealed straight leg raise on the right is normal at 90 degrees. Straight leg raise on the left is to 60 degrees and positive. The patient's gait appears to be antalgic. Anterior lumbar flexion causes pain. Neurology exam revealed motor strength is grossly normal in the left lower extremity; knee flexion is 3-/5. Sensation is intact. She has diagnoses of brachial neuritis or radiculitis, injury to cervical nerve root; injury to lumbar nerve root; lumbar sprain/strain; lumbago; thoracic /lumbosacral neuritis/radiculitis. The treatment and plan consisted of refilling her Valium and Amitriptyline for her depression. Prior utilization review dated 07/08/2014 states the request for Valium 10mg, Quantity 60is denied as medical necessity has not been established; and Amitriptyline 25mg tablets, Quantity 120 is certified for Amitriptyline 25 mg Quantity 90 as medical necessity is supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25mg tablets, Quantity 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15-16.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend Amitriptyline as first line treatment of neuropathic pain in the presence of underlying depression. The medical records document the presence of neuropathic pain. Ordering 120 tablets of Amitriptyline with careful instruction to avoid overuse would potentially benefit the patient. The patient may also need further refill on this medication if shows improvement in the following visits. Based on the California MTUS Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**Valium 10mg, Quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepine.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends the use of valium, which is a benzodiazepine for a short period of time due to its high risk for addiction and a lack of evidence for long-term efficacy and increased risk for overdose when utilized with other opioids. Based on the clinical documentation provided, the medical necessity for use of this drug has not been established. However, when noting that this medication cannot be abruptly discontinued, a modified endorsement for about 30 tablets would be beneficial for patient's safety. Based on the California MTUS Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request for 60 tablets of valium for this patient is not medically necessary.