

<b>Case Number:</b>	CM14-0180484		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal 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:

This case involves an injured worker who sustained an injury on 08/21/2077 to the cervical spine and has lumbosacral spine conditions. The progress report dated October 10, 2014, documented subjective complaints of neck pain, lower backache, bilateral wrist pain and bilateral hip pain. Pain level has increased since last visit. The patient rates his pain with medications as 5 on a scale of 1 to 10. The patient rates his pain without medications as 8 on a scale of 1 to 10. Quality of sleep is poor. He denies any new injury since last visit. His activity level has decreased. The patient is taking his medications as prescribed. No side effects reported. The patient notes that the medications are helpful to reduce his pain, and he would like to continue with his current pain medication regimen. Regarding his bilateral wrists, he notes that the wrist injection he received was helpful to reduce his pain. He notes that his treating physician is recommending a surgery at this time. Medications included Colace, Amitriptyline, Baclofen, Cymbalta, and Tramadol. He has been smoking cigarettes per day. He denies alcohol use. No known drug allergies were noted. Electrodiagnostic studies dated 4/07/2014 documented acute on chronic bilateral C7 radiculopathy and possible mild left C8 radiculopathy, and bilateral medial neuropathy. MRI magnetic resonance imaging of the cervical spine dated 6/11/14 demonstrated severe multilevel degenerative changes of cervical spine. The short segment of abnormal cord signal just below the C4-5 disc space is most likely related to chronic cord compression. Objective findings were documented. He appeared to be well groomed, well nourished, and well developed. The patient did not appear to be in acute distress. He had good communication ability. He did not show signs of intoxication or withdrawal. The patient has a right sided push off antalgic gait. On inspection of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion limited to 50 degrees, extension limited to 10 degrees and limited by pain. On palpation, paravertebral

muscles, hypertonicity, tenderness and tight muscle band is noted on both the sides. Spinous process tenderness is noted on L4 and L5. Straight leg raising test is negative. Tenderness noted over the sacroiliac spine. On examination of higher functions, he is conscious and alert and oriented. On sensory examination, light touch sensation is decreased over medial foot on the right side. Straight leg raising test is positive on right side. Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry. Diagnoses were post lumbar laminectomy syndrome, hip pain, pain in joint lower leg, status post L4-5 bilateral laminectomy, and status post right foot surgery with persistent left foot symptoms. The progress report dated 10/16/14 documented cervical spondylotic radiculomyelopathy. MRI magnetic resonance imaging performed June 2014 demonstrated myelomalacia within the substance of the spinal cord, severe stenosis in the foramina at C4-C5, and moderate central stenosis at C5-6 and C6-7.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Amitriptyline Hcl 10mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13; 13-16.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. The progress report dated 10/16/14 documented cervical spondylotic radiculomyelopathy. Electrodiagnostic studies dated 4/07/2014 documented acute on chronic bilateral C7 radiculopathy and mild left C8 radiculopathy, and bilateral medial neuropathy. MRI magnetic resonance imaging of the cervical spine dated 6/11/14 demonstrated severe multilevel degenerative changes of cervical spine. The short segment of abnormal cord signal just below the C4-5 disc space is most likely related to chronic cord compression. MRI demonstrated myelomalacia within the substance of the spinal cord, severe stenosis in the foramina at C4-C5, and moderate central stenosis at C5-6 and C6-7. Medical records document chronic pain and objective evidence of neuropathic pain. MTUS guidelines recommend Amitriptyline for chronic pain and neuropathic pain. Based on the guidelines and the medicals reviewed, the prescription of Amitriptyline is supported. Therefore, the request for Amitriptyline Hcl 10mg #60 with 2 refills is medically necessary.

**Baclofen 10mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-64, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Prescribing Information, Baclofen <http://www.drugs.com/pro/baclofen.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Baclofen is recommended for the treatment of spasticity and muscle spasm related to spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Food and Drug Administration (FDA), Prescribing Information states Baclofen may be of some value in patients with spinal cord injuries and spinal cord diseases. The progress report dated 10/16/14, documented cervical spondylotic radiculomyelopathy. Electrodiagnostic studies dated 4/07/2014, documented acute on chronic bilateral C7 radiculopathy and mild left C8 radiculopathy, and bilateral medial neuropathy. MRI of the cervical spine dated 6/11/14, demonstrated severe multilevel degenerative changes of cervical spine. The short segment of abnormal cord signal just below the C4-5 disc space is most likely related to chronic cord compression. MRI demonstrated myelomalacia within the substance of the spinal cord, severe stenosis in the foramina at C4-C5 and moderate central stenosis at C5-6 and C6-7. MTUS and FDA guidelines recommend Baclofen for spinal cord injuries. Medical records document spinal cord injury. Based on the guidelines and the medical records reviewed, the prescription of Baclofen is supported. Therefore, the request for Baclofen 10mg #60 with 2 refills is medically necessary.