

Case Number:	CM14-0069010		
Date Assigned:	07/14/2014	Date of Injury:	09/03/2008
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopedic Surgeon, 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:

This is a 60-year-old male who sustained an injury to his low back on 9/3/2008. Most of the pain was in the lower back but he does complain of pain radiating down both legs. An MRI scan dated 5/3/2011 showed multilevel degenerative disc disease, spondylosis and moderate L3-L4, L4-L5 global stenosis with left L5-S1 foraminal stenosis. The patient has undergone radiofrequency medial branch neurotomies at L4-L5 as well as epidural steroid injections with only transient relief of his pain. The progress report dated 4/1/2014 states the patient is on Tramadol, Etodolac, And Amitriptyline. He has tenderness over the L4-5 and the L5-S1 disc space, decreased range of motion of the lumbar spine, weakness in the extensor hallucis longus bilaterally, and decreased sensation along the lateral calf and foot. He has an absent right quad reflex. Request is made for a combination medication of Chlordiazepoxide/Amitriptyline 10/25 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlordiazepoxide & Amitriptyline 10mg /25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain, benzodiazepine Page(s): 13-16, 24. Decision based on Non-MTUS Citation antidepressants for chronic pain, benzodiazepine.

Decision rationale: The chronic pain guidelines recommend antidepressants for neuropathic pain. The tricyclic's are considered the first line agent if they can be tolerated. Analgesia generally occurs within a few days to a week. Assessment of treatment efficacy should include not only pain outcomes, and also an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. These outcome measurement should be initiated at 1 week of treatment and periodically while the medication is being used. This patient does not exhibit functional improvement with the use of this medication. He stopped working and feels he cannot work any longer. He wants to go on disability. The records indicate an increasing average pain rating rather than a decreasing Visual Analog Scale (VAS) score. Demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. There is no documentation of functional improvement with this pharmacological regiment. In addition, Chlordiazepoxide is not recommended for long-term use because long-term efficacy is unproven and there is risk of psychological and physical dependence or frank addiction. Therefore , this request is not medically necessary.