

<b>Case Number:</b>	CM14-0081011		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/07/2005
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68-year-old woman who sustained a work-related injury on October 7, 2005. She subsequently developed chronic low back pain. In a report dated May 14, 2014, the patient complained of recurrent left lumbar facet-mediated pain; limited activities, walking, and sleep; and constant, dull/aching, and electrical/shooting pain. The pain level was rated between 7/10 to 9/10. The pain was rated 3-4/10 with medications. Physical examination demonstrated spine tenderness with reduced, straight leg raise negative bilaterally, no sciatic notch tenderness. The patient was diagnosed with degenerated disc disease, lumbar; sprain/strain, sacroiliac ligament; trochanteric bursitis; and facet arthropathy, lumbar. Prior treatment included chiropractic, physical therapy, acupuncture, radio frequency ablation, and medications. The provider requested authorization to use Robaxin, Tylenol with Codeine, and Amitriptyline HCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #180, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Robaxin, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that she was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis since at least June 2012). The request for Robaxin 750mg #180, 1 refill is not medically necessary.

**Tylenol with Codeine #4 #90, 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, Tylenol#4 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post-operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction and functional improvement with previous use of Tylenol with Codeine. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tylenol#4 is not medically necessary.

**Amitriptyline HCl 150mg #30, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic Page(s): 13.

**Decision rationale:** According to MTUS guidelines, Tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, there was no documentation of a specific objective neuropathic pain condition occurring on physical examination. There is no documentation of diabetic neuropathy or post-herpetic neuralgia. In addition, the requested dose exceeded the maximum dosage recommended by the guidelines. Based on the above, the prescription for Amitriptyline 150mg # 30 is not medically necessary.