

<b>Case Number:</b>	CM13-0033300		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/22/2000
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53-year-old male, with a reported date of injury of 07/22/2000. The diagnoses include thoracic pain, low back pain, status post lumbar spine fusion, spasms of the muscles, radicular symptoms, sciatica, L5-S1 ruptured disc and fusion, T10 disc herniation, and lumbar degenerative disc disease. The 2012 MRI of the lumbar spine showed an intact L5-S1 fusion. Treatments have included oral medications, radiofrequency neurotomy and osteopathic manipulation. The progress report dated 09/03/2013 indicates that the injured worker complained of low back pain. He rated his pain 7 out of 10 with medication. The objective findings included an appropriate mood and affect, pain to palpation over the T7-T8 spinous process, pain with Valsalva, pain to palpation over the L3-4, L4-5, and L5-S1 area, and negative bilateral straight leg raise test. The treating physician requested Ibuprofen 800mg #90, Fentanyl 75mcg #15, Cymbalta 60mg #30, Percocet 5/325mg #90, Tizanidine 4mg #90, Inderal 20mg #30, Diazepam 10mg, and Amitriptyline 25mg #120. On 09/20/2013, Utilization Review (UR) denied the request for Ibuprofen 800mg #90, Fentanyl 75mcg #15, Cymbalta 60mg #30, Percocet 5/325mg #90, Tizanidine 4mg #90, Inderal 20mg #30, Diazepam 10mg, and Amitriptyline 25mg #120. The UR physician noted that there was no documentation of effectiveness with prior usage of Ibuprofen, Fentanyl, Percocet, and Tizanidine; there was no rationale why the injured worker was prescribed two antidepressants; no documentation of anxiety; and no evidence of effectiveness with prior use of Diazepam. The MTUS Chronic Pain Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of neuropathic pain and psychosomatic disorders associated with chronic pain syndrome. The records indicate that the patient is utilizing multiple antidepressants, benzodiazepines and other sedative medications. There is no documentation of a diagnosis of depression and neuropathic pain or failure of single medication regimen. There is no documentation of compliance monitoring with serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Amitriptyline 25mg #120 was not met.