

Case Number:	CM14-0199077		
Date Assigned:	12/24/2014	Date of Injury:	08/11/1994
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This 51 year old female sustained a work related injury on 08/11/1994. According to a Doctor's First Report of Injury, the injury occurred while lifting a keg of beer. On 09/16/2014 an MRI of the lumbar spine revealed no evidence for neural foraminal stenosis. Susceptibility artifact of disc spacer at L5-S1 limited evaluation of the thecal sac. There was no definite spinal stenosis evident and no evidence for fracture. This report was submitted for review. As of a progress report dated 10/23/2014, the injured worker continued to have low back and left hip pain. She reported that she was attempting to walk 20 minutes a day but was not necessarily able to do that on every occasion. She was trying to increase physical level of activity. She was having more pain and had to take more of the Norco than she otherwise would. She continued to take Tizanidine for her muscle spasms. She denied any changes in the character or quality of the pain. Physical examination displayed a fairly symmetric gait pattern. She was able to rise from a seated position with only minimal to modest evidence of nonverbal cueing for pain. There was not any foot-drop with gait. The injured worker did demonstrate tenderness in the left hip girdle muscles as well as in the anterior capsular region of the left hip. Straight leg was negative for radicular sighs. There was no overt pain to internal rotation/external rotation of the left hip. The provider's noted assessment included chronic low back pain. A request was submitted for 8 visits of added physical therapy. Medications were refilled and included Amitriptyline, Hydrocodone and Tizanidine. Modified duties included no lifting or carrying over 10 pounds and no prolonged bending, squatting, climbing, sitting, kneeling, standing or walking. On 11/13/2014, Utilization Review non-certified Amitriptyline 50mg #30 and Tizanidine HCL 4mg

that was requested on 10/30/2014. According to the Utilization Review physician the submitted records indicate that the injured worker reported subjective benefit from two to three weeks of amitriptyline use, but there were no documented objective improvement in the injured worker's pain or level of function resulting from this treatment. Also the injured worker was not diagnosed with nor had clinical finding corroborating neuropathic pain or depression. In regards to Tizanidine, records indicated that the injured worker reported ongoing low back pain and left hip pain. There was no clinical evidence of muscle spasm nor was there recent evidence of pain or functional improvements attributed to Tizanidine use. Guidelines referenced include Chronic Pain Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Amitriptyline 50mg #30: Upheld

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

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

Decision rationale: Regarding the request for amitriptyline, CA MTUS states that antidepressants are "recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain." Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the medication provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain) and objective functional improvement and/or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested amitriptyline is not medically necessary.

Prescription of Tizanidine HCL 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit and objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as

recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary.