

<b>Case Number:</b>	CM14-0044155		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; epidural steroid injection therapy; unspecified amounts of physical therapy, and work restrictions. In a Utilization Review Report dated March 11, 2014, the claims administrator failed to approve request for Norco, Elavil (amitriptyline), and a Biofreeze gel. The applicant's attorney subsequently appealed. In a May 7, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. A recent epidural steroid injection had generated reduction in radicular pain complaints, it was stated. The applicant was working, it was noted in one section of the note. The applicant was using Norco, Elavil, and Biofreeze gel, it was acknowledged. The applicant exhibited normal gait, it was stated in one section of the note, while another section stated that the applicant was unable to walk on her toes and heels. Multiple medications were refilled. A 10-pound lifting limitation was endorsed. The attending provider suggested that the applicant was working with said limitation in place. In an April 9, 2014 progress note, the applicant again stated that her medications were allowing her to work on a full-time basis, walk, and perform other activities of daily living such as cooking, cleaning, and laundry. The attending provider stated that the applicant was not overusing her medications and was exercising regularly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. Here, the applicant is reportedly deriving appropriate analgesia with ongoing Norco usage, the attending provider has posited. The applicant has returned to and is maintaining full-time work status with restrictions in place, the attending provider has further posited. Ongoing usage of Norco has ameliorated the applicant's ability to perform activities of daily living, including exercise. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

**Amitriptyline 10mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline 9792.20f Page(s): 13.

**Decision rationale:** As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline or Elavil is a first line agent for chronic pain, unless ineffective, poorly tolerated, or contradicted. Here, however, the applicant is reporting deriving appropriate analgesia with ongoing amitriptyline usage. The applicant has returned to and maintained full time work status, the attending provider has further posited. Ongoing usage of amitriptyline has facilitated the applicant's ability to perform exercises. All of the foregoing, taken together, do constitute evidence of functional improvement as defined in MTUS 9792.20f achieved through ongoing amitriptyline (Elavil) usage. Therefore, the request was medically necessary. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

**Biofreeze Gel #1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Product Description

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, at-home local applications of heat and cold are recommended as methods of symptom

control for low back pain complaints, as are/were present here, on or around the date in question. The Biofreeze gel at issue, per the product description, is a simple, low-tech means of administering cold therapy. This was effective in attenuating the applicant's pain complaints, the attending provider posited, as evinced by her reports that the Biofreeze gel was allowing her to maintain successful work status and perform home exercises. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.