

<b>Case Number:</b>	CM15-0103793		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old female, who sustained an industrial injury on 8/31/2011. The current diagnosis is lumbar discogenic pain. According to the progress report dated 4/16/2015, the injured worker complains of ongoing low back pain. The level of pain is not rated. Objective findings were documented as "no significant change". The current medications are Amitriptyline and Neurontin. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, acupuncture, and epidural steroid injection. The plan of care includes prescriptions for Elavil and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** The injured worker sustained a work related injury on 8/31/2011. The medical records provided indicate the diagnosis of lumbar discogenic pain. Treatments have included treatment to date has included medication management, x-rays, MRI studies, physical therapy, acupuncture, and epidural steroid injection. The medical records provided for review do indicate a medical necessity for Elavil 10mg #60. Elavil (Amitriptyline) is a tricyclic antidepressant drug. The antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS recommends that 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. The medical records indicate she is working, the medication improves her sleep quality. The request is medically necessary.

**Neurontin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The injured worker sustained a work related injury on 8/31/2011. The medical records provided indicate the diagnosis of lumbar discogenic pain. Treatments have included treatment to date has included medication management, x-rays, MRI studies, physical therapy, acupuncture, and epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Neurontin 300mg #60. Neurontin (Gabapentin) is an antiepilepsy drug. The MTUS recommends the use of the anti-epileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the anti-epileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The anti-epileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. The medical records indicate there was no benefit from Neurotonin 300mg, but she responded well to Neurotonin 600 mg. For an unexplained reason the medication was revised to 300mg, following which there has been lack of benefit. The request is not medically necessary.