

<b>Case Number:</b>	CM15-0140932		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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, who sustained an industrial injury on 07-29-2013. He has reported injury to the low back. The diagnoses have included low back pain with multifactorial chronic etiology with features of myofascial pain; compensatory myofascial pain; and status post right-sided decompression L4 through S1, on 02-26-2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Percocet, OxyContin, Valium, Lyrica, Amitriptyline, Senokot, Miralax, and Ambien. A progress note from the treating physician, dated 06-18-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain and radiating leg pain that is rated at 2 out of 10 on the pain scale; he is doing very well, status post surgery on 02-26-2015; the pain is worse with long periods of walking and radiation of pain to his gluteal region; and the pain is better with physical therapy. Objective findings included lumbar paraspinal muscles are tender to palpation, no central tenderness; extension and rotation is painful bilaterally; flexion is nontender; functional strength is greater than 3 out of 5 in the bilateral lower extremities; and there is normal swing and stance phase of gait without evidence of dysmetria. The treatment plan has included the request for Amitriptyline 10mg #30 with 2 refills; Valium 5mg #40 with 2 refills; and Lyrica 150mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress /Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** Antidepressants for chronic pain - Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) 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. Side effects, including excessive sedation; especially that would affect work performance, should be assessed. Tricyclic antidepressants (TCAs) are among the most effective antidepressants available, although their poor tolerance at usual recommended doses and toxicity in overdose make them difficult to use. While selective serotonin reuptake inhibitors (SSRIs) are better tolerated than TCAs, they have their own specific problems, such as the aggravation of sexual dysfunction, interaction with coadministered drugs, and for many, a discontinuation syndrome. In addition, some of them appear to be less effective than TCAs in more severely depressed patients. The injured worker has been diagnosed with low back pain with multifactorial chronic etiology with features of myofascial pain; compensatory myofascial pain; and status post right-sided decompression L4 through S1. He has been prescribed Amitriptyline for chronic on an ongoing basis without any evidence of objective functional improvement. The request for Amitriptyline 10mg #30 with 2 refills is excessive and is not medically necessary. It is to be noted that the UR physician authorized 22 tabs for a safe taper.

**Valium 5mg #40 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium 5 mg daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the

request for a three month supply of Valium 5mg #40 with 2 refills is excessive and is not medically necessary. It is to be noted that the UR physician authorized 30 tabs for a safe taper.

**Lyrica 150mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 6-17, 99.

**Decision rationale:** Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The request for Lyrica 150mg #60 with 2 refills i.e. another three month supply is excessive and is not medically necessary since there is no evidence of objective functional improvement with continued use of this medication. It is to be noted that the UR physician authorized 45 tablets for a safe taper.