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| <b>Case Number:</b>   | CM15-0168799 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 09/21/2010 |
| <b>Decision Date:</b> | 10/08/2015   | <b>UR Denial Date:</b>       | 08/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67 year old female, who sustained an industrial injury on September 21, 2010. The injured worker is diagnosed as having low back pain, severe spinal stenosis at L4-L5 and severe spinal stenosis at L3-L4 with large central disc herniation. Her work status is permanent and stationary with modifications and she is not currently working. Currently, the injured worker complains of chronic low back pain. Physical examinations, dated March 10, 2015 to July 28, 2015 reveals she has decreased range of motion with forward flexion and pain with lumbar extension. There is cramping in her back and pain down both of her legs with a straight leg raise bilaterally and tenderness over the lumbar paraspinal musculature. Treatment to date has included Butrans patches, which decreases her pain level from 8 on 10 to 3 on 10 for four to five days and allows for improved functioning and engaging in weight bearing activities i.e.; shopping, household chores and completing errands. Elavil at bedtime enhances sleep and decreases nerve pain. An MRI dated 12/2/2010 revealed severe spinal stenosis at L4-L5 and severe spinal stenosis at L3-L4 with large central disc herniation. The injured worker has trialed Flexeril, Zanaflex, Ambien, Suboxone, Lunesta, Norco (itching) and Relafen and is currently using Butrans Patches and taking Elavil. A toxicology screen was negative for Suboxone and positive for a small amount of alcohol. She reported she was not taking Suboxone due to side effects and had been taking cold medicine recently, which may have alcohol in it. Butrans patch 5 mcg #4 and Elavil 25 mg at bedtime #30 were denied per utilization review letter dated August 10, 2015

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Butrans patch 5mcg #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** The claimant sustained a work injury in September 2010 and continues to be treated for chronic low back pain including a diagnosis of severe multilevel lumbar spinal stenosis. Medications have included tramadol, Percocet, and Norco. Prior urine drug testing has shown an absence of prescribed medications. Medications are referenced as decreasing pain from 9/10 to 2/10 with improved activity tolerance. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. She had low back cramping with straight leg raising. Butrans, relevant, and amitriptyline were being prescribed. Buprenorphine is recommended as an option for treatment of chronic pain in select patients such as a patient with a hyperalgesic component to their pain, centrally mediated pain, neuropathic pain, for a patient at high risk of non adherence with standard opioid maintenance, or for analgesia in a patient who has previously been detoxified from other high dose opioids. In this case, there is no history of detoxification from high dose opioids or identified high risk of non adherence. There is no definite hyperalgesia component and there are other preferred treatments for neuropathic pain. Butrans is not considered a first line treatment and there are other sustained release opioid medications available. The request is not medically necessary.

### **Elavil 25mg every night at bedtime quantity 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The claimant sustained a work injury in September 2010 and continues to be treated for chronic low back pain including a diagnosis of severe multilevel lumbar spinal stenosis. Medications have included tramadol, Percocet, and Norco. Prior urine drug testing has shown an absence of prescribed medications. Medications are referenced as decreasing pain from 9/10 to 2/10 with improved activity tolerance. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness. She had low back cramping with straight leg raising. Butrans, relevant, and amitriptyline were being prescribed. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. In this case, Elavil appears effective and the claimant has neuropathic pain due to lumbar spinal stenosis. The requested Elavil is medically necessary.

