

Case Number:	CM15-0197529		
Date Assigned:	10/13/2015	Date of Injury:	12/06/1996
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52-year-old male, with a reported date of injury of 12-06-1996. The diagnoses include severe cervical disc disease with radiculopathy, bilateral neck pain, cervicogenic headaches, chronic postoperative pain, cervical postlaminectomy syndrome, degeneration of cervical intervertebral disc. Treatments and evaluation to date have included Oxycodone, five cervical spine surgeries, left C2, C3, C4, and C5 radiofrequency ablation procedure, physical therapy, massage, psychotherapy, Amitriptyline (since at least 08-2014), Voltaren gel, Citalopram (since at least 08-2014), and Gabapentin (discontinued). The diagnostic studies to date have included CT scan of the cervical spine on 03-17-2015 which showed multilevel cervical degenerative disc disease, mild canal stenosis, multilevel foraminal narrowing, and status post anterior cervical fusion from C5-C7. The progress report dated 09-14-2015 indicates that the injured worker had neck stiffness, bilateral neck pain with stiffness, and cervicogenic headaches. The left-sided neck pain was rated 2 out of 10, and the right-sided neck pain was rated 7 out of 10. He denied numbness and tingling into his arms. The injured worker's pain was rated 9 out of 10 at its worst; 2 out of 10 at its least; and the usual pain score was rated 6 out of 10. It was noted that a CT scan of the cervical spine on 01-11-2013 showed degenerative changes at C5-6 and C6-7, foraminal stenosis severe bilaterally at C5-6 and the right at C6-7, and moderate on the left at C6-7, uncovertebral joint hypertrophy at C3-4 which narrowed the right foramen, facet arthropathy on the right, uncovertebral hypertrophy at C4-5 narrowed the foramina bilaterally, and uncovertebral joint hypertrophy at C5-6 narrowed the foramina bilaterally; and an x-ray of the cervical spine on 01-15-2008 showed postsurgical

changes compatible with fusion and internal fixation hardware anteriorly and posteriorly at C5, C6, and C7. The physical examination showed moderate discomfort; restricted cervical range of motion with looking towards the right and left; negative Spurling's sign; flattening of the normal lumbar lordosis; bilateral cervical spine pain; positive right cervical pain; positive right facet loading test; an antalgic gait; and the inability to stand on the toes and heels. It was noted that the injured worker was alert and oriented, had clear and coherent speech, no anxiety, no nervousness, insomnia, and a normal mood. The treatment plan included the refill of Amitriptyline, two tablets at bedtime for sleep and Citalopram, one tablet once a day for chronic depression. The injured worker's work status was not indicated. The progress report dated 09-23-2015 indicates that depressive disorder was one of the injured worker's listed problems. It was noted that the injured worker was permanently disabled. The treating physician requested Amitriptyline 25mg #60 with five refills and Citalopram 40mg #30 with five refills. On 09-29-2015, Utilization Review (UR) modified the request for Amitriptyline 25mg #60 with five refills to Amitriptyline 25mg #60 with no refills and Citalopram 40mg #30 with five refills to Citalopram 40mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25 mg Qty 60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

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

Decision rationale: CA MTUS guidelines state that tricyclics are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, the tricyclic is prescribed for chronic pain with evidence of neuropathic component and with documentation of response to treatment. Amitriptyline is medically necessary.

Citalopram 40 mg Qty 30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (chronic), Selective serotonin reuptake inhibitors (SSRIs).

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

Decision rationale: The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non-neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non-neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been

suggested that the main role of SSRI medications, such as the Lexapro prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records from the claimant clearly include a diagnosis of depression and annotations documenting that her overall symptoms and function are improved with citalopram and that there are no significant side effects. Citalopram is medically necessary. I am overturning the original UR decision.