

<b>Case Number:</b>	CM15-0199742		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 39 year old male, who sustained an industrial injury on 8-12-2013. The injured worker was being treated for injury to lumbar nerve root and lumbar annular tear, disc displacement, and sprain and strain. Medical records (6-2-2015, 7-22-2015, 9-2-2015) indicate ongoing low back pain radiating to the bilateral legs and toes with numbness, tingling, weakness, and cramping. The medical records show no improvement of the subjective pain rating from 7 out of 10 on 6-2-2015 to 7 out of 10 on 9-2-2015. The physical exam (6-2-2015 and 7-22-2015) reveals lumbar flexion of 25 degrees, extension of 10 degrees, and bilateral lateral flexion of 10 degrees. There is bilateral lower extremities spasticity on exam, pain caused by Kemp's and sitting straight leg raise causes pain bilaterally. The physical exam (9-2-2015) reveals lumbar flexion of 25 degrees, extension of 10 degrees, and bilateral lateral flexion of 10 degrees. There is pain caused by Kemp's and sitting straight leg raise causes pain bilaterally. Per the treating physician (9-2-2015 report), urine drug screen dated 7-22-2015 detected the prescribed medication. On 3-10-2015 and 6-2-2015, urine drug screens detected Hydrocodone and Hydromorphone. Treatment has included Norco (since at least 4-2015), Neurontin, Celebrex, diclofenac, and Ambien. Per the treating physician (9-2-2015 report), the injured worker is to remain off work. The treatment plan included continuing Norco and initiating Amitriptyline for chronic back pain and sleep aid. On 9-28-2015, the original utilization review non-certified requests for Norco 10-325 mg #90 and Amitriptyline 25 mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in August 2013 and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, medications and rest were providing relief. Physical examination findings included a body mass index over 30. The claimant was using a cane when ambulating. There was bilateral lower extremity spasticity. There was decreased and painful lumbar spine range of motion. Straight leg raising and Kemp's testing caused pain. Norco 10/325 mg #90 was prescribed. Amitriptyline 25 mg for one week and then 50 mg per day thereafter #90 was prescribed for chronic low back pain and sleep. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

**Amitriptyline 25 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Elavil (Amitriptyline) Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in August 2013 and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, medications and rest were providing relief. Physical examination findings included a body mass index over 30. The claimant was using a cane when ambulating. There was bilateral lower extremity spasticity. There was decreased and painful lumbar spine range of motion. Straight leg raising and Kemp's testing caused pain. Norco 10/325 mg #90 was prescribed. Amitriptyline 25 mg for one week and then 50 mg per day thereafter #90 was prescribed for chronic low back pain and sleep. 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 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, the claimant was having lower extremity radiating symptoms consistent with neuropathic pain. However, increasing the claimant's dose from the initial dose of 25 mg without assessing for efficacy or side effects cannot be accepted as being medically necessary.