

<b>Case Number:</b>	CM15-0221676		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 48-year-old female, who sustained an industrial injury on 1-13-2006. A review of the medical records indicates that the injured worker is undergoing treatment for failed lumbar back surgery syndrome with intractable low back pain, bilateral lower extremity radiculopathy, depression secondary to chronic pain, insomnia, and long acting and short acting opioid treatment. On 10-12-2015, the injured worker reported intractable low back pain and lower extremity pain, "doing the same." The Primary Treating Physician's report dated 10-12-2015, noted the injured worker's analgesia stable and satisfactory with no aberrant behaviors noted and a urine drug screen (UDS) and CURES consistent with current therapy and the injured worker's history. The injured worker was noted to have denied any adverse effects from the medication. The injured worker was noted to be awakening at least 2 times a night secondary to pain, able to drive and do her own activities of daily living (ADLs). The physical examination was noted to show the injured worker with pain level of 6 out of 10, unchanged since the 8-21-2015 visit, never lower than 6 out of 10 and sometimes higher than 7 out of 10. Prior treatments have included TENS. The treatment plan was noted to include refills of Norco and MS Contin ER, with continuation of Gabapentin, Flexeril, prescribed since at least 10-9-2014, and Amitriptyline, prescribed since at least 2-9-2015. The request for authorization was noted to have requested Flexeril 10mg #90 and Amitriptyline 75mg #30. The Utilization Review (UR) dated 10-22-2015, non-certified the requests for Flexeril 10mg #90 and Amitriptyline 75mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in November 2006 and is being treated for chronic pain including a diagnosis of lumbar failed back surgery syndrome. She has lower extremity radiculopathy and secondary depression and insomnia due to pain. When seen, her condition was unchanged. Pain was rated at 6/10. Physical examination findings included a body mass index of 27. Medications included Norco, MS Contin, Flexeril, gabapentin at a dose of 1100 mg at bedtime, and Amitriptyline 75 mg at bedtime. The total MED (morphine equivalent dose) was 60 mg per day. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Continued prescribing is not considered medically necessary.

**Amitriptyline 75mg #30: Overturned**

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

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

**Decision rationale:** The claimant sustained a work injury in November 2006 and is being treated for chronic pain including a diagnosis of lumbar failed back surgery syndrome. She has lower extremity radiculopathy and secondary depression and insomnia due to pain. When seen, her condition was unchanged. Pain was rated at 6/10. Physical examination findings included a body mass index of 27. Medications included Norco, MS Contin, Flexeril, gabapentin at a dose of 1100 mg at bedtime, and Amitriptyline 75 mg at bedtime. The total MED (morphine equivalent dose) was 60 mg per day. 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 (Elavil) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. Although usual dosing is up to 100 mg/day, dosages of 150 mg per day can be considered. In this case, the claimant has lower extremity radiculopathy after lumbar spine surgery. She has secondary depression. Increasing and dividing if necessary, her gabapentin and Amitriptyline doses could be considered. The request was medically necessary.