

<b>Case Number:</b>	CM15-0040317		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old male sustained a work related injury on 03/05/2004. According to a progress report dated 02/03/2015, chief complaint included low back pain with right sciatica to the knee only and not below that. He had tingling of the fingertips. Pain was rated 8 on a scale of 0-10 with associated history of muscle spasm with the lower back. He reported sleep problems and numbness of the fingertips of both hands. Impression included lumbar spondylosis, hypertension and morbid obesity. Treatment plan included Norco, Gabapentin, Tizanidine, and Amitriptyline for sleep and an MRI of the cervical spine in view of the tingling fingertips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (Unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2004. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/15 fails to document any goals for efficacy, significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.

**Gabapentin 300mg (Unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 16-22.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2004. Per the guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any goals for improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of gabapentin is not substantiated in the records.

**Amitriptyline 25mg (Unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 14.

**Decision rationale:** Per the guidelines, tricyclic antidepressants are used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options. This injured worker has a history of sleep difficulty but no documented diagnosis or physical exam evidence of neuropathic pain or why the worker requires this medication in addition to opioids. Additionally, a discussion of sleep hygiene or other non-pharmacologic treatments for sleep difficulty was not documented prior to the use of a medication for sleep. The records do not support the medical necessity of amitriptyline.