

<b>Case Number:</b>	CM14-0120360		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on October 8, 2012. The mechanism of injury is noted as dumping grapes into a bin. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of low back pain that radiates to the left lower extremity. The injured employee is currently prescribed Norco, Elavil, and Lidopro. Norco is stated to help the injured employee function and decrease his pain. The physical examination demonstrated tenderness over the lumbar spine and the left side paraspinal region from L5 to S1. There was decreased lumbar spine range of motion and decreased sensation at the left L4, L5, and S1 dermatomes. Motor strength was 3+/5 with EHL, inversion, plantar flexion, and eversion. Patella and Achilles reflexes were diminished. There was a positive left-sided straight leg raise test at 60. Diagnostic imaging studies of the lumbar spine revealed early signs of disc degeneration at L5 - S1 and diffuse spondylosis. EMG/NCV testing revealed evidence of a left-sided L5 - S1 radiculopathy. Previous treatment includes acupuncture, chiropractic therapy, and an epidural steroid injection. A request had been made for hydrocodone/APAP, amitriptyline, Lidopro ointment and was not certified in the pre-authorization process on June 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** According to the progress note dated May 22, 2014, the injured employee rated his back pain at 8/10 despite the usage of hydrocodone/APAP. Furthermore this request does not indicate the strength or the amount of tablets requested. For these reasons, this request for hydrocodone/APAP is not medically necessary.

**Amitriptyline 25 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

**Decision rationale:** The California MTUS Guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment on neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication. According to the progress note dated May 22, 2014, the use of amitriptyline is stated to help the injured employees pain. As such, this request for Amitriptyline is medically necessary.

**1 Lidopro Topical Ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Lidopro ointment is a compound of capsaicin, lidocaine, menthol, and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Lidopro ointment is not medically necessary.