

<b>Case Number:</b>	CM14-0214681		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 8/3/11. The injured worker has complaints of increased constant throbbing lower back pain radiating to the front right leg, groin area aggravated by lifting leg at the hip, standing, walking greater than 10-15 minutes, bending, lifting greater than 10 pounds and taking the stairs. The documentation noted that he has complaints of pain in the chest described as occasional at the end of the day; experiencing occasionally warm crawling on the skin in between shoulder blades radiating across the chest forward. Occasional sharp needle-like pain under the breasts and constant neck pain, worsening with range of motion. The diagnoses have included status post fall with brief loss of consciousness; musculoligamentous sprain/strain of the cervical spine; C6-7 myelomalacia due to disc-oseophyte complex abutting ventral cord producing central cord syndrome; history of C5-6 fusion, 2007; degenerative disc disease T5-9 and thoracic neuralgia with neuropathic pain and musculoligamentous sprain lumbar spine with radiculopathy. Treatment to date has included radiofrequency rhizotomy at L4-5, L5-S1 on 11/15/13 with less pain, improved functional and decreased need for pain medication for his lower back; acupuncture #22 completed June 2013 with decreased lower back pain and activities of daily living were increased; completed additional 6 point for the left shoulder January 2014 with increased range of motion, function and decreased pain; intraarticular injection to the left shoulder on 9/9/13 that did not help with the pain at the shoulder; MR arthrogram of the left shoulder on 8/6/13; Magnetic Resonance Imaging (MRI) left shoulder 6/20/13; Magnetic Resonance Imaging (MRI) of the cervical spine on 2/13/13 and the thoracic spine on 2/27/14; electromyogram on 2/15/12 and medications.

According to the utilization review performed on 12/3/14, the requested Elavil 10mg #180, 3 refills; Cymbalta 60mg #30 with 3 refills and Lyrica 200mg #90 with 3 refills has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines were used in the utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Elavil 10mg #180, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, antidepressants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Elavil (amitriptyline) 10 mg #180 with three refills is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to a week or as antidepressant effects take longer to occur. In this case, the injured worker's working diagnoses are status post fall with brief loss of consciousness; musculoligamentous sprain/strain of the cervical spine; C6 - C7 myelomalacia due to disk osteophyte complex abutting ventral cord producing central cord syndrome; history C-5 - C6 fusion; degenerative disc disease T5 - T9; musculoligamentous sprain lumbar spine with radiculopathy; contusion to bilateral shoulder; left shoulder tendinosis; sleep impairment due to pain; and severe dryness of the mouth due to Elavil and Cymbalta. The injured worker is taking Cymbalta and Lyrica concurrently with Elavil. Although there is subjective improvement, the injured worker continues to take Cymbalta, Lyrica in addition to Elavil. The documentation does not contain objective functional improvement as it relates to Elavil. Elavil causes dry mouth in the injured worker. Consequently, absent clinical documentation with objective functional improvement as it relates to the ongoing long-term use of Elavil, Elavil 10 mg #180 with three refills is not medically necessary.

**Cymbalta 60mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, Antidepressants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Cymbalta 60 mg #30 with three refills is not medically necessary. Cymbalta is recommended as an option in first line treatment of neuropathic pain. Cymbalta is a norepinephrine and serotonin re-uptake inhibitor antidepressants (SNRI). In this case, the injured worker's working diagnoses are status post fall with brief loss of consciousness; musculoligamentous sprain/strain of the cervical spine; C6 - C7 myelomalacia due to disk osteophyte complex abutting ventral cord producing central cord syndrome; history C-5 - C6 fusion; degenerative disc disease T5 - T9; musculoligamentous sprain lumbar spine with radiculopathy; contusion to bilateral shoulder; left shoulder tendinosis; sleep impairment due to pain; and severe dryness of the mouth due to Elavil and Cymbalta. The documentation indicates the injured worker has improved symptoms with Cymbalta. However, the documentation does not contain evidence of objective functional improvement. The injured worker is taking Elavil and Lyrica in addition to Cymbalta. The injured worker also has complaints of dry mouth due to Cymbalta. Consequently, absent clinical documentation with objective functional improvement associated with ongoing long-term simple to use, Cymbalta 60 mg #30 with three refills is not medically necessary.

**Lyrica 200mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-18. Decision based on Non-MTUS Citation Pain section, Anticonvulsants

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lyrica 200 mg #90 with three refills is not medically necessary. There is recommended in neuropathic pain conditions in fibromyalgia but not for acute pain. Lyrica is an anticonvulsant (ADD). Lyrica is associated with meaningful pain reduction in a number of patients. In this case, the injured worker's working diagnoses are status post fall with brief loss of consciousness; musculoligamentous sprain/strain of the cervical spine; C6 - C7 myelomalacia due to disk osteophyte complex abutting ventral cord producing central cord syndrome; history C-5 - C6 fusion; degenerative disc disease T5 - T9; musculoligamentous sprain lumbar spine with radiculopathy; contusion to bilateral shoulder; left shoulder tendinosis; sleep impairment due to pain; and severe dryness of the mouth due to Elavil and Cymbalta. The documentation indicates the injured worker has improved symptoms with Cymbalta. Documentation indicates the injured worker is taking Cymbalta and Elavil in addition to Lyrica. However, the documentation does not contain evidence of objective functional improvement to gauge Lyrica's overall efficacy of long-term use. Consequently, absent clinical documentation with objective functional improvement of Lyrica and its long-term efficacy, Lyrica 200 mg #90 with three refills is not medically necessary.