

<b>Case Number:</b>	CM15-0075554		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/07/2000
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 60-year-old female who sustained an industrial injury on 1/7/2000. Diagnoses are cervical degenerative disc disease, status post cervical surgery, clinically consistent cervical radiculopathy, and left shoulder pain. In a progress note dated 3/25/15, a treating physician notes the injured worker complains of persistent neck, left shoulder and left upper extremity pain. Left shoulder pain radiates to the left anterior chest wall and scapular region. Current medications are helping significantly and she is requesting refills, as well as a follow up consultation with the neurosurgeon. Objective exam notes joint pain and stiffness, anxiety and depression, spasms in the cervical paraspinal muscles and stiffness in the cervical spine. Dyesthesia noted to light touch in the left upper extremity. Tenderness is noted in the left acromioclavicular joint. Work status is return to modified work until 4/30/15. Previous treatment includes home exercise, electromyography/nerve conduction study, and medications. The requested treatment is Nortriptyline 10mg #60, Gabapentin 100mg #30, and Cyclobenzaprine 10mg #30. The patient injured when he was handling equipment. The medication list includes Cyclobenzaprine, Gabapentin, Tylenol#3, Omeprazole. The patient has had EMG of the upper extremity that revealed cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 10 mg, sixty count: 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 13 Antidepressants for chronic pain.

**Decision rationale:** Nortriptyline is a tricyclic antidepressant. According to the CA MTUS chronic pain guidelines antidepressant are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur". Diagnoses are cervical degenerative disc disease, status post cervical surgery, clinically consistent cervical radiculopathy, and left shoulder pain. In a progress note dated 3/25/15, a treating physician notes the injured worker complains of persistent neck, left shoulder and left upper extremity pain. Left shoulder pain radiates to the left anterior chest wall and scapular region. Objective exam notes joint pain and stiffness, anxiety and depression, spasms in the cervical paraspinal muscles and stiffness in the cervical spine. Dyesthesia noted to light touch in the left upper extremity. Tenderness is noted in the left acromioclavicular joint. The patient has had EMG of the upper extremity that revealed cervical radiculopathy. Tricyclic antidepressant is recommended as a first line option for neuropathic pain. The request Nortriptyline 10 mg, sixty count is medically necessary and appropriate for this patient.

**Gabapentin 100 mg, thirty count: 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 Gabapentin, page 18.

**Decision rationale:** According to the CA MTUS Chronic pain guidelines regarding Neurontin/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." Spinal cord injury: Recommended as a trial for chronic neuropathic pain." Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid". Diagnoses are cervical degenerative disc disease, status post cervical surgery, clinically consistent cervical radiculopathy, and left shoulder pain. In a progress note dated 3/25/15, a treating physician notes the injured worker complains of persistent neck, left shoulder and left upper extremity pain. Left shoulder pain radiates to the left anterior chest wall and scapular region. Objective exam notes joint pain and stiffness, anxiety and depression, spasms in the cervical paraspinal muscles and stiffness in the cervical spine. Dyesthesia noted to light touch in the left upper extremity. Tenderness is noted in the left acromioclavicular joint. The patient has had EMG of the upper extremity that revealed cervical radiculopathy. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient.

The cited guidelines support the use of Gabapentin 100 mg, thirty count in patients with this clinical situation therefore the request is deemed medically necessary.

**Cyclobenzaprine 10 mg, thirty count:** 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 Cyclobenzaprine (Flexeril) Page 41-42, NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain". Diagnoses are cervical degenerative disc disease, status post cervical surgery, clinically consistent cervical radiculopathy, and left shoulder pain. In a progress note dated 3/25/15, a treating physician notes the injured worker complains of persistent neck, left shoulder and left upper extremity pain. Left shoulder pain radiates to the left anterior chest wall and scapular region. Objective exam notes joint pain and stiffness, anxiety and depression, spasms in the cervical paraspinal muscles and stiffness in the cervical spine. Dyesthesia noted to light touch in the left upper extremity. Tenderness is noted in the left acromioclavicular joint. The patient has had EMG of the upper extremity that revealed cervical radiculopathy. Tricyclic antidepressant is recommended as a first line option for neuropathic pain. The patient has evidence of muscle tightness, stiffness and spasm on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. In addition the prescribed quantity of the Cyclobenzaprine 10 mg, thirty count is small. Therefore with this, it is deemed that, the use of the muscle relaxant Cyclobenzaprine 10 mg, thirty count is medically appropriate and necessary in this patient.