

<b>Case Number:</b>	CM15-0092322		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 9/18/14. The injured worker has complaints of left low back; shoulder and left hip pain associated symptoms include stiffness that occurs after prolonged sitting, paravertebral muscle spasm and weakness to left leg. The documentation noted that she has mild spasm with leg lift. The diagnoses have included low back pain and left leg pain. Treatment to date has included physical therapy; votaren and ibuprofen. The request was for flexeril 10mg #60; voltaren 50mg #60 with 2 refills and nortiptyline 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for low back with left lower extremity pain after a fall. When seen, she had lumbar and left lower extremity muscle spasms and ankle tenderness. Complaints include left lower extremity numbness. Medications prescribed are Voltaren, nortriptyline, and 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, the quantity being prescribed is consistent with long-term use. Nortriptyline, a tricyclic antidepressant is also being prescribed. Flexeril was not medically necessary.

**Voltaren 50 mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for low back with left lower extremity pain after a fall. When seen, she had lumbar and left lower extremity muscle spasms and ankle tenderness. Complaints include left lower extremity numbness. Medications prescribed are Voltaren, nortriptyline, and Flexeril. Guidelines recommend the use of NSAID (non-steroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis. Dosing of Voltaren is 50 mg 2 - 3 times per day with a maximum dose of 150 mg. In this case, the dosing is consistent with the guidelines recommendation and is medically necessary.

**Nortriptyline 50 mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Nortriptyline Prescribing Information.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and continues to be treated for low back with left lower extremity pain after a fall. When seen, she had lumbar and left lower extremity muscle spasms and ankle tenderness. Complaints include left lower extremity numbness. Medications prescribed are Voltaren, nortriptyline, and Flexeril. Anti-depressant 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. Dosing of nortriptyline for neuropathic pain can start as low as 25 mg and, in many people low doses are enough to control the symptoms of pain. Therefore, nortriptyline was medically necessary.