

Case Number:	CM13-0009130		
Date Assigned:	11/01/2013	Date of Injury:	12/27/2011
Decision Date:	01/22/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Toxicology, Addiction, has a subspecialty in Pediatrics and is licensed to practice in New York and Maryland. 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 physician 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 patient is a 45 year old female, with a date of injury of December 27, 2011. The patient is a medical biller which requires 9 hours of typing and prolonged sitting. The patient noticed pain in her bilateral wrists in 2007 which gradually progressed through 2011. She saw several providers and was diagnosed with carpal tunnel syndrome, lateral epicondylitis, neuropathy. The patient also underwent occupational therapy and wore wrist supports. The medications in dispute are Hydrocodone/APAP 10/325mg, and Nortriptyline HCL 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for one (1) prescription of for 135 tablest of Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-85. Decision based on Non-MTUS Citation Other Medical Evidence: Von Korff MRLong-term use of opioids for complex chronic pain

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends that opioids for neuropathic pain is not recommended as first line therapy. Some modifications in the

indication has been documented in the MTUS guidelines, such as treatment of cancer pain etc. But the patients present documented clinical situation does not indicate such medical condition. ■■■■■ recommended that her condition is permanent and stationary. There was also concern for a positive urine toxicology test of illicit nonprescribed opioids. Therefore the request for 135 tablets of Hydrocodone/APAP 10/325mg is not medically necessary and appropriate.

prospective request for one (1) prescription for 120 tablets of Nortriptyline HCL, 25mg:
Upheld

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): 13-16. Decision based on Non-MTUS Citation Other Medical Evidence: Backonja MM, Serra J. Pharmacologic management part 1: better-studied neuropathic pain diseases., Pain Med., 2004 Mar 5, Suppl 1:S28-47

Decision rationale: Nortriptyline is a tricyclic anti depressant (TCA) and TCAs are recommended as first line therapy for neuropathic pain. The patients electromyogra (EMG) and Nerve Conduction Velocity (NCV) revealed that the patient may have median neuropathy. ■■■■■ recommended that her condition is permanent and stationary. However the patient had multiple interventional pain procedures and different pharmacologic regimen to treat her hand/elbow pain. Although there are available documents substantiating sustained positive effects after the patient was started on Nortriptyline in 2012, without more documents showing the percentage reduction of pain and duration of pain relief from previous TCA doses the request for one (1) prescription for 120 tablets of Nortriptyline HCL, 25mg is not medically necessary and appropriate.