

Case Number:	CM13-0047102		
Date Assigned:	01/10/2014	Date of Injury:	09/09/1997
Decision Date:	04/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 56 year-old male with a 9/9/1997 industrial injury claim. According to the 9/24/13 neurology/pain management report from [REDACTED] he presents with constant 5-6/10 neck pain with numbness in his upper extremities. [REDACTED] assessment is bilateral C7 radiculopathy; bilateral ulnar neuropathy, entrapment at the elbows; mild right L5 radiculopathy; gastritis secondary to NSAIDs; chronic myofascial pain syndrome; and bruxism due to chronic pain disorder. Norco and Elavil were prescribed, [REDACTED] says the patient has over 50% relief with pain medications and it improved his ability to do ADLs over 50% of the time. On 10/18/13 CID denied the Elavil stating the pain is non-neuropathic and no rationale was provided for the modification of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG #240:

Overtuned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: According to the 9/24/13 neurology/pain management report from [REDACTED], he presents with constant 5-6/10 neck pain with numbness in his upper extremities. The patient is reported to have 50% pain reduction with Norco and 50% improvement in function pertaining to ADLs. The MTUS guideline criteria for long-term opioid use states: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The physician has reported a decrease in pain and increased function with use of Norco. This is a satisfactory response. MTUS does not state that pain medications that are providing a satisfactory response must be weaned or discontinued. MTUS states under strategy for maintenance, "Do not attempt to lower the dose if it is working". The continued use of Norco appears to be in accordance with MTUS guidelines.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ELAVIL 150MG #30:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-16.

Decision rationale: According to the 9/24/13 neurology/pain management report from [REDACTED] he presents with constant 5-6/10 neck pain with numbness in his upper extremities. The neurologist notes decreased sensation to fine touch and pinprick in the right C6-7 dermatome, and the diagnoses is radiculopathy and bilateral ulnar nerve entrapment at the elbows. The Utilization Review (UR) documented the patient did not have neuropathic pain. The reports provided for this Independent Medical Review (IMR) show the subjective complaints, objective findings and diagnoses all containing evidence to support neuropathic pain. MTUS states TCAs such as Elavil are first-line options for neuropathic pain and possible non-neuropathic pain. The request is in accordance with MTUS guidelines.