

Case Number:	CM13-0047188		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2010
Decision Date:	04/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 & 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:

The patient is a 51 year-old male who was injured on March 10, 2010. According to the October 15, 2013 neurology report, the patient was felt to have persistent right sciatica of uncertain origin, consider pelvic neoplasm, lumbar plexopathy, prior disc herniation; and right lower limb weakness, consider lumbar disc herniation or plexopathy. On October 24, 2013 Utilization Review modified a request for nortriptyline and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg 1-2 tabs at night # 60, 5 refills: Overturned

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

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

Decision rationale: The California MTUS guidelines recommend tricyclic antidepressants as first-line option for neuropathic pain. According to the October 15, 2013 neurology report, the patient was felt to have persistent right sciatica of uncertain origin, consider pelvic neoplasm, lumbar plexopathy, prior disc herniation; and right lower limb weakness, consider lumbar disc

herniation or plexopathy. The neurologist prescribed nortriptyline. The nortriptyline is in accordance with MTUS guidelines. Therefore, recommendation is for certification.

Tramadol 50mg, twice daily #60, 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

Decision rationale: The Californis MTUS guidelines state that tramadol is a second-line treatment. According to the October 15, 2013 neurology report, the patient was felt to have persistent right sciatica of uncertain origin, consider pelvic neoplasm, lumbar plexopathy, prior disc herniation; and right lower limb weakness, consider lumbar disc herniation or plexopathy. The patient reported severe low back pain. The patient told the neurologist that he was using tramadol and a sleeping pill and requested to be taken off Vicodin because it made him grouchy and he did not want to get addicted. He tried morphine in the past that caused hives. The neurologist renewed the tramadol prescription. The patient has pain, he had a bad reaction to morphine sulfate, and requested to be taken off of Vicodin. The physician appears to have used tramadol in accordance with MTUS guidelines. Therefore recommendation is for certification.