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| Case Number: | CM14-0006861 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 05/03/2000 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 Orthopedic Surgery, 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 claimant is a 51-year-old male who sustained cumulative trauma from May 3, 200 through April 23, 2009. The claimant's medical problems include: medial meniscus tear, carpal tunnel syndrome, insomnia, myalgia and myositis, chronic pain due to trauma, cervical radiculopathy, gait abnormality, and cervical spondylosis. The claimant is documented as having been on Opana ER and Norco as early as 2007 and the urine drug screen from September 12, 2013 was positive for hydrocodone, but negative for oxymorphone. The clinical progress note from January 6, 2014, documents complaints of severe pain. The clinician addresses the previous deficiencies documented by the reviewer as noted below. Clinician specifically indicates that the amitriptyline is assisting the claimant was sleeping, and that the Norco is allowing the claimant to function minimally and to struggle to finish daily household activities. These activities cannot be completed without medications. The clinician does not address the discrepancy on the previous urine drug screen. The utilization review was completed on January 3, 2014. The reviewer noncertified 30 tablets of amitriptyline 25 mg, 180 tablets of Norco 10/325 mg, and 60 tablets of Opana ER 30 mg. The request for order of amitriptyline was denied on the basis of a lack of documentation indicating improvement in the claimant sleeping habits are utilizing this medication. With regards to narcotic analgesics, no objective functional improvement was noted and the claimants pain was only reduced from 10/10 without medication to 9/10 with medication. Additionally, with the inconsistency on the urine drug screening is unclear if the claimant is in compliance with current opioid regimen. Also, the calculated morphine equivalent dose of the claimant's opioid regimen is 240 mg per day which is twice the 120 mg ceiling recommended for the management of chronic nonmalignant pain by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE HCL 25 MG, # 30: Overturned

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

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

Decision rationale: The use of amitriptyline in the treatment of chronic pain is supported by the MTUS. Furthermore, this medication is supported as a first-line choice. From a clinical perspective, this medication can be used for the treatment of insomnia as well. In this specific case, the medication is being utilized for insomnia as well as a chronic pain in the clinician does address the previous deficiencies and documentation that were noted on the utilization review. As such, secondary to this additional information the request is considered medically necessary.

NORCO 10/325 MG, # 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS supports the use of opiates in the management of chronic neuropathic pain. On the clinical documentation provided, the claimant does have evidence of chronic neuropathic type pain. Additionally, there is documentation of objective functional improvement in the subsequent clinical information provided. As such, the request is considered medically necessary and recommended for certification.

OPANA ER 30 MG # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS supports the use of opiates in the management of chronic neuropathic pain. On the clinical documentation provided, the claimant does have evidence of chronic neuropathic type pain. Additionally, there is documentation of objective functional improvement in the subsequent clinical information provided. As such, the request is considered medically necessary and recommended for certification.