

Case Number:	CM14-0107390		
Date Assigned:	09/16/2014	Date of Injury:	11/12/2012
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 57 year old female who was injured on November 12, 2012 sustained a bilateral knee injury while working. The mechanism of injury is noted as climbing stairs. Prior work injuries include a fall from a ladder in 1998, and while pushing a cart was hit by a forklift pushed up a wall in 2007. The diagnoses listed as pain in limb (729.5). The most recent progress note dated 5/19/14, reveals complaints of bilateral knee pain, cracking, and popping. The injured worker reports she continues to do well on the current pain regimen. Norco continues to decrease her pain and help with activities of daily living with no adverse side effects or aberrant behaviors. The Amitriptyline dose at 25 milligrams was beneficial in helping with sleep. A clinical note dated 6/19/14 reveals complaints of persistent bilateral knee pain, knee cracks and pops. The injured worker reports she has to be careful when she walks so that she doesn't fall. Current medications are helping. With her Norco, pain level decreased to 3 to 4 out of 10 on visual analog (VAS) scale from 8 out of 10 without Norco. She is sleeping better with Amitriptyline 2 at night time. Medications allow her to exercise and do things around the house. The transcutaneous electrical nerve stimulation (TENS) unit also helped with knee swelling. Current medications include Norco, Colace, and Amitriptyline. Due to a history of gastric bypass therefore non-steroidal anti-inflammatory drugs (NSAIDs) are contraindicated. Electrodiagnostic imaging studies include MRI dated 4/22/13 revealed moderate to severe chondromalacia patella, small area of longitudinal horizontal tear of the medial meniscus, edema of the infrapatellar fat pad seen in the setting of patellar tracking disorders. She was encouraged to continue water therapy and walking for exercise. Prior treatment includes physical therapy, water therapy, medications for sleep and pain management, use of a stationary bike, and a TENS unit. The injured worker reports Norco helps decrease pain and helps with activities of daily living. The physical examination notes no significant change. A prior utilization review determination dated

7/3/14, resulted in denial of retrospective review of Amitriptyline 25 milligrams quantity sixty date of service 5/19/2014 and retrospective review of Norco 10/325 milligrams quantity 120 date of service 5/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #60 dispensed on 5/19/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness

Decision rationale: CA MTUS/ACOEM does not address the issue. Per ODG, Sedating antidepressants such as Amitriptyline have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In this case, while the injured worker has insomnia, there is no documentation of depression. Therefore, the request for Amitriptyline 25mg #60 dispensed on 5/19/2014 is not medically necessary and appropriate.

Norco 10/325mg #120 dispensed on 5/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, the medical records document significant pain relief and improved function with Norco. She is noted to have constant pain, but is not allowed to take NSAIDs due to gastric bypass; she is taking 4 tablets of Norco a day. Per guidelines for chronic pain, long-acting (sustained release) preparation of opioids is indicated where continuous around the clock pain relief is desired. Therefore, the request of Norco 10/325mg #120 dispensed on 5/19/2014 is not medically necessary and appropriate.