

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0138536 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/09/2008 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Nevada. 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 records presented for review indicate that this 42 year-old male was reportedly injured on 09/09/2008. The mechanism of injury is noted as a laceration injury. The most recent progress note, dated 08/25/2014, indicates that there were ongoing complaints of bilateral hand pain and numbness. The physical examination demonstrated: decreased sensation bilaterally at C6-C7-and C8 dermatomes. Contracture of the left 4th-5th fingers with positive scars over bilateral wrists, 4+/5 bilateral biceps, triceps, and grip strength which is markedly reduced primarily due to the contracture pain. Motor exam is limited by pain in the upper extremities. No recent diagnostic studies were available for review. Previous treatment includes reconstructive hand surgery, bracing, physical therapy, medications, and conservative treatment. A request had been made for Hydrocodone APAP 10/325 mg #60 and Nortriptyline 25 mg #60, and was not certified in the pre-authorization process on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets Hydrocone APAP 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. However, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

60 tablets Nortriptyline 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: MTUS guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment on neuropathic pain. Nortriptyline is a second-generation tricyclic antidepressant medication and is used in the treatment of major depression and nocturnal enuresis. After review the medical records provided, there was no documentation of viable to identify documentation supporting the use of this medication such as a diagnosis associated with major depression. Therefore, this request is deemed not medically necessary.