

Case Number:	CM14-0170504		
Date Assigned:	10/20/2014	Date of Injury:	10/17/2012
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Utah. 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 48 year-old female. The patient's date of injury is 10/17/2012. The mechanism of injury was a trip and fall over a grapevine, when she hyper extended her back, with her leg going out to the side. The patient has been diagnosed with herniated nucleus pulposus at L5-S1, lumbar radiculopathy, thoracic sprain, lumbar sprain, contusion of back. The patient's treatments have included chiropractors, injections, imaging studies, and medications. The physical exam findings dated 9/2/2014 showed a antalgic gait with a cane. There was tenderness to palpation over the thoracic and lumbar spine noted. There is decreased sensation on the right L3, L4 and L5 dermatomes. The motor strength is reported as 4/5 in the quadriceps and hamstrings. The reflexes were hyper reflexive bilaterally and the achilles reflex was hypo reflexive. The straight leg raise was reported as positive on the right. There was also tenderness noted over the right hip with pain on range of motion. The patient's medications have included, but are not limited to, Norco, Zanaflex, Lidopro cream, Aleve and Advil. The request is for Hydrocodone/APAP and Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 90 tablets of Hydrocodone/APAP 10/325mg on 9/2/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain. There has already been a recommended and approved taper of this medication. According to the clinical documentation provided and current MTUS guidelines; Hydrocodone/APAP, as written above, is not indicated a medical necessity to the patient at this time.

Retrospective request for 60 tablets of Nortriptyline Hydrochloride 25mg on 9/2/14:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Nortriptyline. MTUS guidelines state the following: Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documented improvement in functionality in the patient while being on this medication. There also has already been a recommended and approved taper of this medication. According to the clinical documentation provided and current MTUS guidelines; Nortriptyline is not indicated as a medical necessity to the patient at this time.