

Case Number:	CM14-0025524		
Date Assigned:	06/13/2014	Date of Injury:	05/01/1997
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 injured worker is a 48-year-old female who was reportedly injured on May 1, 1997. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 3, 2014 indicated that there were ongoing complaints of neck pain, upper back pain and low back pains. This pain is stated to radiate to the bilateral arms and legs. Current medications included Duragesic, lisinopril, nifedipine, Norco, orphenadrine, nortriptyline, Prozac and trazodone. The physical examination demonstrated decreased sensation at the left lateral forearm and middle finger. There was decreased cervical spine range of motion. Assessment included chronic pain due to trauma, low back pain, facet arthropathy, pain in the ankle and foot, sacroiliitis, failed cervical surgery syndrome and lumbar degenerative disc disease. Previous medications were refilled, and laboratory studies were ordered. There was also a request for lumbar spine MRI. A request was made for Norco, Duragesic and nortriptyline and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 1-325MG, #150 WITH 4 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids for chronic pain Page(s): 80.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, opioid medication,s such as Norco, are indicated for neuropathic pain demonstrated by the injured employee, if they have not previously responded to treatment with first line recommendations, such as antidepressants or anticonvulsants. The injured employee was currently reported to be taking nortriptyline; however, there was no mention of the efficacy of this medication in the attached medical record. There was also a request for a refill of nortriptyline. Efficacy of this medication must be determined prior to continuing opioid medications such as Norco. This request for Norco is not medically necessary.

DURAGESIC 12MCG/HR TRANSDERMAL, #30 WITH NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical Analgesics Page(s): 111.

Decision rationale: Duragesic is a transdermal patch containing Fentanyl. Fentanyl is an opioid medication. According to the California MTUS Chronic Pain Medical Treatment Guidelines, opioid medications, such as Fentanyl, are indicated for neuropathic pain demonstrated by the injured employee, if they have not previously responded to treatment with first line recommendations, such as antidepressants or anticonvulsants. The injured employee was currently reported to be taking nortriptyline; however, there was no mention of the efficacy of this medication in the attached medical record. There was also a request for a refill of nortriptyline. Efficacy of this medication must be determined prior to continuing opioid medications such as Norco. This request for Fentanyl is not medically necessary.

NORTRIPTYLINE 25MG, #60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Antidepressants for chronic pain Page(s): 13.

Decision rationale: Antidepressant medications, such as nortriptyline, are our first line treatment medications for neuropathic pain such as that displayed by the injured employee. There was no mention in the attached medical record about the efficacy of the previous use of this medication, and therefore, it is unclear if it has been beneficial or not. Such justification should be supplied before continuing nortriptyline. Therefore, this medication is not medically necessary at this time.