

Case Number:	CM14-0026758		
Date Assigned:	06/13/2014	Date of Injury:	11/19/2003
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 & 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 44-year-old male who reported an injury on 11/19/2003. The mechanism of injury was not provided in the documentation. Per the exam note dated 03/24/2014, the injured worker reported low back and left lower extremity pain rated at 7/10 with increased cramping and pain into the left thigh. On physical exam, the injured worker was noted to have decreased sensation to the L4-5 dermatomes on the left and motor function was limited by pain. There was tenderness to palpation over the left S1 region with a positive Fortin test, Gaenslen's test, and compression and distraction test on the left. Current medications for the injured worker included Norco 10/325 mg, Senna S, and Pamelor 25 mg. Prior treatments for the injured worker included a home exercise program, lumbar fusion, and medications. Diagnoses for the injured worker were reported to include status post lumbar fusion L5-S1, chronic pain syndrome, lumbar radiculopathy, and left SI dysfunction. The Request for Authorization for Medical Treatment for the hydrocodone acetaminophen and the nortriptyline was dated 03/14/2014. The provider's rationale for the request for those medications was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-75, 78, 80.

Decision rationale: Per the California MTUS Guidelines, opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain; however, for continuous pain extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The guidelines note with regard to low back pain, opioids appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear; it also appears limited. Failure to respond to a time limited course of opiates has led to a suggestion of re-assessment and consideration of alternative therapy. There was a lack of documentation regarding the use of this medication and the efficacy of the medication. There was a lack of documentation regarding clinical findings noting an increase in functionality while on this medication. There is a lack of documentation regarding assessment and consideration of alternative treatments. There is a lack of documentation regarding other conservative treatments beyond home exercise program for chronic pain management. In addition, the request did not include frequency information for the medication. Therefore, the request for the hydrocodone/APAP 10/325mg quantity: 210 is not medically necessary.

NORTRIPTYLINE HCL 25MCG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN TRICYCLICS Page(s): 13-16; 122.

Decision rationale: Per the California MTUS Guidelines, tricyclics are recommended and generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. Tricyclic antidepressants are considered a first-line treatment for neuropathic pain. Indications and controlled trials have shown effectiveness in treating central post-stroke pain, postherpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom limb pain. There is a lack of documentation regarding the efficacy of this medication, including a decrease in pain or increase in functionality. There is a lack of documentation regarding a decrease in the utilization of other analgesic medications. There is a lack of documentation regarding sleep patterns and quality as well as documentation of a psychological assessment. In addition, the request did not include frequency information for the medication. Therefore, the request for nortriptyline HCL 25mcg quantity: 180 is not medically necessary.

