

Case Number:	CM14-0041676		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2004
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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 66 year old male was reportedly injured on September 30, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the legs. Current medications include Norco, Pamelor, Ducoprene, Prilosec, and Naproxen. These medications are stated to help reduce pain and increase the injured employee's level of function. The physical examination demonstrated a mild antalgic gait. There was decreased range of motion of the lumbar spine and diffuse tenderness along the spine as well. There was a normal lower extremity neurological examination. The treatment plan included a rhizotomy on the right-sided L4 - L5 and L5 - S1 and continuation of Norco, Pamelor, Ducoprene, Prilosec, and Naproxen. A request had been made for Ducoprene and Nortriptyline and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ducoprene 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009), Opioids, ongoing management Page(s): 78 of 127.

Decision rationale: Ducoprene is a medication used to help with constipation which sometimes occurs as a side effect with opioid medications. The utilization management review dated March 6, 2014, states that the request for Ducopreen was not certified as the injured employee was weaned and discontinued from Norco and therefore no medications for constipation were required. However the progress note dated February 5, 2014, states that the injured employee was still taking Norco and was prescribed again at that visit. Therefore this request for Ducoprene is medically necessary.

Nortriptyline HCL 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009), Antidepressants for chronic pain Page(s): 13 of 127.

Decision rationale: Nortriptyline is a tri-cyclic antidepressant recommended as a first line treatment for those with neuropathic pain. Although the injured employee complains of pain from his back radiating to his legs there is a normal neurological examination without any sensory or motor deficits noted. As there is no objective evidence of neuropathic pain this request for Nortriptyline is not medically necessary.