

Case Number:	CM14-0047060		
Date Assigned:	07/02/2014	Date of Injury:	10/26/2011
Decision Date:	08/20/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 50-year-old female. The patient's date of injury is 10/25/2011. The mechanism of injury was described as a trip and fall in a parking lot, landing on the left knee. The patient has been diagnosed with insomnia, hypertension, myalgia/myositis and joint pain lower leg, left knee chondromalacia patella. The patient's treatments have included physical therapy (with no benefit), imaging studies, and medications. The physical exam findings dated May 27, 2014 show the patient with an antalgic gait, with a shortened leg length on the left. There was a 1+ effusion of the left knee. The knee was noted with crepitus with compression on the medial facet. The range of motion was described as 5 degrees to 90 degrees with pain. There was no pain with patellofemoral compression, and no excessive varus or valgus instability was noted. The patient's medications have included, but are not limited to, Naproxen, Norco, Ambien, Cymbalta, Zyrtec, Lidoderm patches, Testosterone and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg, one tablet at hour of sleep.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Anti-depressants of Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, and Antidepressants for chronic Pain Page(s): 13-14.

Decision rationale: MTUS guidelines state the following: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The clinical documents do not state the reason for starting this medication, and the patient describes the pain as worsening. There is also lack of documentation provided that is a review of pain relief, functional status, appropriate use and any side effect. According to the clinical documentation provided and current MTUS guidelines; Amitriptyline HCL 25mg, one tablet at hour of sleep. is not medically necessary.

Naproxen 550mg one tablet two times daily.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Management Guidelines: NSAIDs (Non-steroidal Anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Naproxen, NSAIDs Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. Guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. There is no documentation of the effectiveness of the medication noted. There is also mention that Naproxen was on hold due to elevated blood pressure, with no mention of patient being cleared to restart the medication. According to the clinical documentation provided and current MTUS guidelines; Naproxen 550mg one tablet two times daily. is not medically necessary.

Norco 5mg/325mg one tablet two times daily.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids: Criteria use for Opioid Drugs.

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

Decision rationale: According to the clinical records, it is unclear how much Norco the patient was taking previously, if at all, and what the results/outcome of taking the medication was. 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. According to the clinical documentation

provided and current MTUS guidelines; Norco 5mg/325mg one tablet two times daily. is not medically necessary.