

Case Number:	CM14-0049450		
Date Assigned:	07/07/2014	Date of Injury:	11/02/2012
Decision Date:	10/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on November 2, 2012. The mechanism of injury is noted as falling off a ramp onto the ground. The most recent progress note, dated March 4, 2014, indicates that there were ongoing complaints of back pain. Pain is rated at 10/10 and at best it is rated at a 9/10. Current medications include methadone, Hydrocodone/APAP, and Amitriptyline. The physical examination demonstrated straightening of the thoracic and lumbar spine. There was tenderness over the paraspinal musculature and a normal lower extremity neurological examination. Diagnostic imaging study results are unknown. Previous treatment includes physical therapy, nerve blocks, and medications. A request had been made for Hydrocodone/acetaminophen, methadone, and Amitriptyline and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg 1 tab 2 x day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: As noted in the California MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. Additionally, the injured employee describes his pain with use of medications to be 9/10 at its best. Considering this, the request for methadone is not medically necessary.

Amltriptyline HCL 50mg 1 tab at bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: The California MTUS Guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment on neuropathic pain. There is no documentation of neuropathic pain in the attached medical record. As such, this request for Amitriptyline is not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg 1 tab 2 x day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Hydrocodone/Acetaminophen is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. The injured employee rates his pain at best at a 9/10. As such, this request for Hydrocodone/Acetaminophen is not considered medically necessary.