

Case Number:	CM14-0054806		
Date Assigned:	07/07/2014	Date of Injury:	01/14/2005
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Ohio and Texas. 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 52-year-old who reported an injury on January 14, 2005. The mechanism of injury was not specifically stated. Current diagnoses include cervicalgia, low back pain, left shoulder pain, hypertension, opiate induced constipation and epicondylitis. The injured worker was evaluated on April 11, 2014 with complaints of persistent lower back pain and neck pain. Current medications include Nortriptyline 25 mg, Kadian ER 10 mg and ibuprofen 800 mg. Physical examination revealed stiffness in the cervical and lumbar region, limited cervical range of motion, tenderness to palpation, myofascial pain with triggering, markedly decreased range of motion of the left shoulder, tenderness to palpation of the AC joint, positive impingement sign, decreased sensation to light touch in the left lower extremity and decreased sensation in the left upper extremity. Treatment recommendations included prescriptions for Nortriptyline 25 mg, Inderal 20 mg, Norco 5/325 mg and ibuprofen 800 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg, thirty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16..

Decision rationale: The Chronic Pain Medical Treatment Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker has utilized Nortriptyline 25 mg since 2012. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Nortriptyline 25mg, thirty count with three refills, is not medically necessary or appropriate.

Kadian ER 10mg, sixty count with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized Kadian ER 10 mg since March of 2014 without any evidence of objective functional improvement. Despite the ongoing use of this medication, the injured worker continues to report 8/10 pain. There is also no frequency listed in the current request. As such, the request for Kadian ER 10mg, sixty count with three refills, is not medically necessary or appropriate.

Methadone 50 mg, ninety count: 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): Page 61-62.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend methadone as a second line option for moderate to severe pain if the potential benefit outweighs the risk. As per the documentation submitted, the injured worker's current medication regimen includes Nortriptyline, Inderal, Norco and ibuprofen. There is no indication that this injured worker currently utilizes methadone 50 mg. There is also no frequency listed in the current request. As such, the request for Methadone 50 mg, ninety count, is not medically necessary or appropriate.