

Case Number:	CM14-0095355		
Date Assigned:	07/25/2014	Date of Injury:	01/15/2011
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 31 year old individual was reportedly injured on 1/15/2011. The mechanism of injury is noted as a repetitive motion injury. The most recent progress note, dated 6/2/2014, indicates that there are ongoing complaints of right hand pain, and low back pain. The physical examination demonstrated upper extremity exam is within normal limits; lumbar spine showed lumbar buyer lateral, moderate, tenderness, pain, numbness, range of motion with limited and diminished by pain, positive straight leg raise sitting and supine on the right antalgic gait. No recent diagnostic studies are available for review. It was documented previous treatment included chiropractic care, shockwave therapy, physical therapy, and medications. A request was made for Nortriptyline 25 milligrams quantity 30, Aleve 500 milligrams quantity 60, Tramadol 50 milligrams quantity 120 and was not certified in the preauthorization process on 6/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 30 Capsules of Nortriptyline 25mg between 6/2/2014 and 6/2/2014: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 122 OF 127.

Decision rationale: Nortriptyline is a tricyclic antidepressant medication. This medication is considered a first line option in the treatment on neuropathic pain and in some clinical settings for nonneuropathic pain when there is underlying depression. Treatment efficacy should be assessed by pain outcomes, functional improvement, changes in the use of other medications, sleep quality and psychological assessment. After review the medical records provided there are no physical findings of neuropathic pain on physical exam. Therefore this request is deemed not medically necessary.

Retrospective request for 60 Tablets of Aleve 500mg between 6/2/2014 and 6/2/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73 OF 127.

Decision rationale: Aleve (naproxen) is recommended as a treatment option. Naproxen is a nonsteroidal antiinflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. After review the medical documentation provided it is noted the injured worker does have low back pain. I was unable to determine how long this medication was prescribed to the claimant. Long term use of this medication does have some risks associated with it. Periodic lab testing may be required. This medication will likely benefit the injured worker, but without documentation stating the length of use as well as periodic lab testing. This request is deemed not medically necessary.

Retrospective request for 120 Tablets of Tramadol 50mg between 6/2/2014 and 6/2/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Tramadol; Opioid, criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of Ultram (Tramadol) for short term use after there is been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, as well as the lack of a recent urine drug screen. The request is not considered medically necessary.