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| Case Number: | CM14-0193601 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 06/01/2012 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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:

This is a 37-year-old male with a 6/1/12 date of injury. The patient was injured in a bar fight. According to a progress report dated 10/15/14, the patient noted that he was continuing to have considerable back pain and left knee pain. He has begun to have more right-sided, right lower extremity symptomatology. The prescriber has prescribed amitriptyline for neurogenic pain and chronic pain, and not for the treatment of depression. Objective findings: patient appeared fairly comfortable, shifting positions frequently; no foot-drop with gait, patient used a cane for stabilizing himself with ambulation. Diagnostic impression: chronic back pain, chronic left knee pain. Treatment to date: medication management, activity modification. A UR decision dated 10/30/14 denied the requests for Norco and Amitriptyline and modified the request for Soma from 60 tablets to 8 tablets for weaning purposes. Regarding Norco, as the patient has not reported decreased pain or an increased level of function and has been weaning from the medication for approximately 6 months, no further use of this medication is necessary at this time. Regarding Soma, a review of the records revealed that the patient had been taking this medication since at least the 1/28/13 report. Despite long-term use, subjective and objective clinical findings continue to remain unchanged. In the most recent progress report, there is no mention of objective pain ratings nor improvement in pain. Regarding Amitriptyline, there is no objective notation of neurogenic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco, 120 count is not medically necessary.

Some 350 mg, eight count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, in the present case, according to the UR decision dated 10/30/14, this patient has been taking Soma since at least 1/28/13, if not earlier. Guidelines do not support the long-term use of Soma. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. However, the UR decision dated 10/30/14 certified 8 tablets of Soma for weaning purposes. It is unclear why this duplicate request is being made at this time. Therefore, the request for Soma 350mg, eight count is not medically necessary.

Unknown prescription of Amitriptyline: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. However, in the present case, there is no documentation that this patient's pain has a neuropathic component. There are no subjective complaints or objective findings suggestive of neuropathy. Therefore, the request for Unknown prescription of Amitriptyline is not medically necessary.