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| Case Number: | CM15-0002666 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 10/20/2004 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 46 year old male, who sustained an industrial injury on 10/20/2014. On physician's visit dated 12/10/2014, the diagnoses have included other chronic pain, degenerative joint ankle/foot and trauma arthropathy leg. Currently, the IW complains of left foot tenderness on palpation and reduced range of motion. Current medication regimen was Norco, Vitamin C and Aspirin. Treatment plan included Norco and new prescription for Nortriptyline. On 12/16/2014 Utilization Review non-certified Nortriptyline 10mg #30, and modifying Norco 10/325mg #180 with 1 refill. The MTUS Chronic Pain Medical Treatment Guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: 1 prescription of Norco 10/325mg #180 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends the 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted reveals that the patient has been on long term Norco. Although it is appreciated that he is working full duty the documentation does not reveal that the opioids are being prescribed according to the MTUS Guidelines. There are no objective urine toxicology screens available for review. There is no evidence of an updated signed pain contract. There is documentation of weaning but no clear treatment plan. Additionally, the MTUS recommends prescribing opioids according to pain levels and function therefore a refill would not be appropriate as the patient will need to be assessed.

1 prescription of Nortriptyline 10MG #30: Upheld

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

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

Decision rationale: 1 prescription of Nortriptyline 10MG #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that antidepressants such as tricyclics are recommended as a first line option for neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. For neuropathic pain tricyclics are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non neuropathic pain tricyclics are recommended as an option in depressed patients, but effectiveness is limited. The documentation does not indicate that the patient has depression or anxiety. The documentation does not describe neuropathic pain symptoms. Therefore the request is not medically necessary.