

Case Number:	CM15-0108007		
Date Assigned:	06/12/2015	Date of Injury:	09/13/2012
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

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

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 65 year old male, who sustained an industrial injury on 9/13/12. He reported initial complaints of left knee and back pain. The injured worker was diagnosed as having internal derangement left knee; lumbar mechanical back pain; lumbar myofascial pain syndrome; dyspepsia mild; left knee meniscus tear/lateral meniscus tear; lumbar spinal stenosis with neurogenic claudication. Treatment to date has included status post left knee arthroscopy with partial medial/lateral menisectomy (9/13/12). Diagnostics included MRI left knee (11/16/12). Currently, the PR-2 notes dated 4/21/15 indicated the injured worker complains of continued low back pain and bilateral knee pain. He states he continues to have difficulty with walking due to his increasing pain and movement. He also informs the provider he has not further appointment with another physician. On examination there is tenderness noted in the lumbar musculature with moderate muscle spasms palpable. Lumbar range of motion is decreased in all fields due to the injured worker's complains of increasing pain with movement. Straight leg raise is negative for dural irritation. The left knee is tender on palpation in the medial compartment with mild effusion present. He continues to ambulate with a cane. He has a diagnosis of lumbar stenosis with neurogenic claudication and was recommended for a multilevel lumbar decompression. The injured worker has had a left knee arthroscopy with partial medial/lateral menisectomy (9/13/12). The provider is requesting a continuance of medications: Norco 7.5/325mg #90 and Elavil 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 -(Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Elavil 25 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Elavil (amitriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Elavil provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Elavil is not medically necessary.