

Case Number:	CM15-0143178		
Date Assigned:	08/04/2015	Date of Injury:	02/16/2013
Decision Date:	09/23/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: Preventive Medicine, Occupational 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 40 year old male injured worker suffered an industrial injury on 2-16-2013. The diagnoses included fracture of the ankle, chronic regional pain syndrome of the right lower extremity, displacement of the lumbar intervertebral disc, lumbago and thoracic-lumbar radiculitis. The treatment included medications. On 7-10-2015, the treating provider reported severe, intractable pain that radiated to the legs. There was facet arthropathy and myofascial syndrome along with hypersensitivity of the right lower extremity. The lumbar spine had reduced range of motion with positive straight leg raise. The injured worker had not returned to work. The requested treatments included Norco, Soma and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Functional Improvement Measures Page(s): 78-80, 48.

Decision rationale: MTUS Guidelines have very specific standards that the provider needs to meet to justify the long term use of opioid medications. These standards include detailed documentation of how much pain relief and for how long pain relief is experienced from the medication. The standards also include careful documentation of the functional impacts from opioids. And lastly the standards include screening for drug related aberrant behaviors. None of the 3 standards have been adequately addressed to meet Guideline support for the long term use of opioids. The Hydrocodone/Acetaminophen (Norco) 10/325 mg Qty 120 is not medically necessary.

Carisoprodol (Soma) 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: MTUS Guidelines are very specific with the statement that this drug is not recommended. The Guidelines address this drug as an individual heading in addition to addressing it under muscle relaxants. There are no unusual circumstances to justify an exception to Guideline recommendations. The Carisoprodol (Soma) 350 mg Qty 90 is not supported by Guidelines and is not medically necessary.

Amitriptyline 50 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic, Anti-depressants Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain Page(s): 15.

Decision rationale: MTUS Guidelines support the use of tricyclic anti-depressants for neuropathic pain. This individual meets the Guideline criteria for use of this medication. The Guidelines do not have the same standards of documentation that is recommended for the use of opioids and this individuals pain symptoms meets the standards to utilize the Amitriptyline 50 mg Qty 30. The Amitriptyline is supported by Guidelines and is medically necessary.