

Case Number:	CM15-0160348		
Date Assigned:	08/26/2015	Date of Injury:	02/02/2010
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 2-2-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spinal stenosis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-14-2015, the injured worker complains of chronic pain and tightness about the neck and upper back and depression. Physical examination showed cervical spasm and tenderness. The treating physician is requesting Norco 10-325mg #120 with one refill on 8-3-2015, Amitriptyline 25mg #60 and Cymbalta #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with one refill on 8/3/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS supports the use of ongoing opioids if prescriptions are from a single provider, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status appropriate use and side effects. In this case, the date of injury was in 2010 and it is not clear how long the patient has been taking opioids. There is no documentation of CURES, USD or pain contract in the submitted documentation. In addition the treatment plan failed to mention Norco as part of the future regimen. Therefore, due to the above findings, the request for Norco is not medically necessary or appropriate.

Amitriptyline 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Ca MTUS states that Amitriptyline is a tricyclic antidepressant that is considered a first-line agent for the treatment of neuropathic pain unless they are ineffective, poorly tolerated or contraindicated. In this case, the use of Amitriptyline is unclear. There is no discussion of Amitriptyline in the treatment plan. Efficacy of the medication is not described. Therefore the request is not medically necessary or appropriate.

Cymbalta #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: CA MTUS states that Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) are FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. In this case, the patient has chronic cervical pain with depression. Cymbalta was noted to be effective for only the depression and not the chronic pain. In addition the dosage of Cymbalta is not mentioned in the request. Therefore, based on the above findings, the request is not medically necessary or appropriate.