

Case Number:	CM15-0160764		
Date Assigned:	08/27/2015	Date of Injury:	06/18/2014
Decision Date:	09/29/2015	UR Denial Date:	08/17/2015
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: Arizona, California
 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(n) 54 year old female, who sustained an industrial injury on 6-18-14. She reported pain in her lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, chronic lumbar pain and left sacroiliac joint strain. Treatment to date has included a lumbar MRI on 12-31-14 and acupuncture. Current medications include Norco and Amitriptyline since at least 5-31-15. On 6-14-15, the injured worker rated her pain a 6 out of 10 at best and an 8 out of 10 at worst. As of the PR2 dated 7-11-15, the injured worker reports pain in her lower back. Again, she rates her pain a 6 out of 10 at best and an 8 out of 10 at worst. Objective findings include tenderness to palpation in the lumbar spine and decreased lumbar range of motion. The treating physician requested Norco 10-325mg #150 and Amitriptyline 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without several months' significant improvement in pain or function. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.

Amitriptyline 50mg (# unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. Pain levels were not significantly improved while used in combination with Norco. The continued use of Amitriptyline is not medically necessary.