

Case Number:	CM15-0200655		
Date Assigned:	10/16/2015	Date of Injury:	05/06/1999
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Illinois

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 injured worker is a 72 year old female, who sustained an industrial injury on 5-6-99. The injured worker was diagnosed as having bilateral knee joint pain. Subjective findings (6-2-15, 7-28-15) indicated 4-7 out of 10 pain in the knees. Objective findings (5-5-15, 6-2-15, 6-30-15) revealed slight swelling in the right knee and tenderness to palpation in the bilateral knees. As of the PR2 dated 8-25-15, the injured worker reports continued bilateral knee pain. She rates her pain 3 out of 10. Objective findings include "restricted" active range of motion due to pain and tenderness over the bilateral knee joints. There is no documentation of pain levels with and without medications. Current medications include Paxil, Norco (since at least 3-10-15), Aspirin, Lyrica, Xarelto, Metoprolol and Elavil (no previous prescriptions found). Treatment to date has included a total knee replacement (location and date of service not provided). The Utilization Review dated 9-30-15, non-certified the request for Elavil 50mg #60 ORF and Norco 10-325mg #120 ORF.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50mg #60 ORF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The injured worker sustained a work related injury on 5-6-99. The medical records provided indicate the diagnosis of 5-6-99. The injured worker was diagnosed as having bilateral knee joint pain. Treatments have included total knee replacement and medications. The medical records do not indicate a medical necessity for the use of Elavil 50mg #60 ORF. Elavil (Amitriptyline) is a tricyclic antidepressant. The MTUS recommends the antidepressants as first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records do not indicate the injured worker had a screening ECG before the introduction of this medication. The MTUS recommends screening ECG for individuals above the age of 40 years of age before introducing this medication, due to the risk of conduction block. Therefore, the requested treatment is not medically necessary.

Norco 10/325mg #120 ORF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 5-6-99. The medical records provided indicate the diagnosis of 5-6-99. The injured worker was diagnosed as having bilateral knee joint pain. Treatments have included total knee replacement and medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120 ORF. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker is not properly monitored for pain control, activities of daily living, adverse effects and aberrant behavior. Therefore, the requested treatment is not medically necessary.