

Case Number:	CM15-0221885		
Date Assigned:	11/17/2015	Date of Injury:	11/22/2014
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/11/2015

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

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 63-year-old female, who sustained an industrial injury on 11-22-2014. The injured worker is currently not working but able to return to modified duty. Medical records indicated that the injured worker is undergoing treatment for concussion, cervical sprain with underlying degenerative cervical disc disease, right hip strain with underlying degenerative arthritis, and myofascial pain syndrome. Treatment and diagnostics to date has included trigger point injections, cognitive behavioral therapy, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Recent medications have included Lidoderm patches, Nortriptyline (since at least 05-20-2015), Norco (since at least 05-20-2015), and Fioricet (since at least 07-20-2015). Subjective data (05-20-2015 and 09-28-2015), included headaches and pain rated 7-9 out of 10. Objective findings (05-20-2015 and 09-28-2015) included multiple tender trigger points over the neck and posterior shoulders with muscle twitch points and decreased sensation in the left hand. The request for authorization dated 10-02-2015 requested retrospective trigger point injections, Lidocaine patch, and Norco 5-325mg #45. The Utilization Review with a decision date of 10-12-2015 non-certified the request for Nortriptyline 25mg 2 tablets at bedtime #60, Norco 5-325mg 1-2 daily as needed for pain #45, and Fioricet 1 tablet three times daily as needed for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #60: Overturned

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

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

Decision rationale: The patient was injured on 11/22/14 and presents with cervical spine pain. The request is for NORTRIPTYLINE 25 MG #60. There is no RFA provided and the patient is not working. The patient has been taking this medication as early as 05/20/15. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) MTUS further states, "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." The patient is diagnosed with concussion, cervical sprain with underlying degenerative cervical disc disease, right hip strain with underlying degenerative arthritis, and myofascial pain syndrome. Treatment to date includes trigger point injections, cognitive behavioral therapy, use of TENS Unit, and medications. The 05/20/15 treatment report states that the patient rated her pain as a 9/10. "She states that nortriptyline has helped her sleep." The 06/15/15 and 08/31/15 treatment reports indicate that she rated her pain as an 8/10. "She finds nortriptyline helpful for headaches and depression." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient is receiving benefit from Nortriptyline. Therefore, the request IS medically necessary.

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The patient was injured on 11/22/14 and presents with cervical spine pain. The request is for NORCO 5/325 MG #45 for pain. There is no RFA provided and the patient is not working. The patient has been taking this medication as early as 02/09/15. Treatment reports are provided from 02/09/15 to 09/28/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or

outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." The patient is diagnosed with concussion, cervical sprain with underlying degenerative cervical disc disease, right hip strain with underlying degenerative arthritis, and myofascial pain syndrome. The 05/20/15 treatment report states that the patient rated her pain as a 9/10. The 06/15/15 and 08/31/15 treatment reports indicate that she rated her pain as an 8/10. The 05/20/15 treatment report states that the CURES report is consistent. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of specific ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The patient was injured on 11/22/14 and presents with cervical spine pain. The request is for FIORICET for headaches. There is no RFA provided and the patient is not working. The patient has been taking this medication as early as 07/20/15. MTUS Guidelines, Barbiturate-containing analgesic agents (BCAs) section, page 23 states: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." The patient is diagnosed with concussion, cervical sprain with underlying degenerative cervical disc disease, right hip strain with underlying degenerative arthritis, and myofascial pain syndrome. The 08/31/15 treatment report states that the patient "continues to have headaches." About the continuation of Fiorcet for the management of this patient's headaches, such medications are not supported by MTUS guidelines for chronic use. MTUS guidelines do not support the use of Barbiturate-containing analgesic medications owing to the high risk of drug dependence, overuse, and rebound headache. Therefore, the request IS NOT medically necessary.

