

<b>Case Number:</b>	CM15-0055891		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 66 year old male, who sustained an industrial injury on 9/13/12. The diagnoses have included internal derangement of left knee, lumbar back pain, lumbar spinal stenosis, and lumbar myofascial pain syndrome. Treatment to date has included medications, diagnostics, conservative measures and Home Exercise Program (HEP). Currently, as per the physician progress note dated 2/10/15, the injured worker complains of continued low back and left knee pain. He states that he gets some relief of pain with medications and was requesting re-fills. The physical exam revealed tenderness of the lumbar spine, decreased lumbar range of motion, left knee with tenderness to the medial compartment with effusion present. The injured worker ambulates with use of a cane. The physician requested treatments included Norco 7.5/325mg #90 and Elavil 25mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 66 year old male with an injury on 09/13/2012. He had back pain, myofascial pain syndrome and knee pain. MTUS Chronic Pain guidelines criteria for on-going treatment with opiates include documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria and Norco should be weaned. The request is not medically necessary.

**Elavil 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13 - 14.

**Decision rationale:** The patient is a 66 year old male with an injury on 09/13/2012. He had back pain, myofascial pain syndrome and knee pain. There is no documentation of neuropathic pain/radiculopathy. Tricyclic antidepressants (Elavil) are first line pain medication of patient with neuropathic radiculopathy but this patient does not have this condition. Also, MTUS Chronic Pain guidelines require documented improved functionality with respect to the ability to do activities of daily living. Elavil is potentially addicting medication and continued long term use is not medically necessary.