

<b>Case Number:</b>	CM15-0057202		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 Jersey

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 60-year-old, male who sustained a work related injury on 3/5/04. The diagnoses have included osteoarthritis status post left knee surgery, bilateral knee pain and knee bursitis. Treatments have included x-rays, MRIs, physical therapy, left knee surgery, bilateral knee injections and medications. In the PR-2 dated 12/18/14, the injured worker complains of aching, burning, and throbbing bilateral knee pain. He rates his pain a 7/10. At best, the pain is a 7/10 with medications and at worst, pain is a 9/10 without medications. On examination, the right knee joint reveals an effusion. The range of motion is limited in both knees. Bilateral knee joints are tender to touch. The treatment plan is prescriptions for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed. Although there was scattered vague reports of significant pain reduction, there was not a numerical scale used to compare pain levels with and without Norco use. Also, there was insufficient reporting of specific gains in functional abilities with and without the Norco. Therefore, without more clear and measurable benefits documented in the notes, the Norco is not medically necessary until provided for review.

**Nortriptyline HCL 50 mg #30:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, although there was vague reporting of moderate relief of pain, there was insufficient documentation revealing the measurable pain levels, with and without the use of nortriptyline or functional gains directly related to its use, to help justify its continuation. Therefore, the nortriptyline will be considered not medically necessary until this documented evidence of benefit is provided for review.