

Case Number:	CM15-0085730		
Date Assigned:	05/07/2015	Date of Injury:	12/08/1981
Decision Date:	06/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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, North Carolina
 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 74 year old male, who sustained an industrial injury on 12/08/1981. The injured worker is currently diagnosed as having cervical pain with radiculopathy, dystonia, and chronic cervical spasmodic component. Treatment and diagnostics to date has included cervical spine MRI, cervical spine fusion, Botox injections, Transcutaneous Electrical Nerve Stimulation Unit, acupuncture, physical therapy, and medications. In a progress note dated 04/06/2015, the injured worker presented with complaints of chronic cervical pain. Objective findings include limited flexion and tenderness of the cervical spine. The treating physician reported requesting authorization for Nortriptyline, Topamax, and Docusate Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 50mg po qhs #60 with 2 refills: Overturned

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

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

Decision rationale: Antidepressants are recommended as a first-line option for neuropathic pain. Tricyclics, such as Nortriptyline, are generally considered first-line agents. They provide not only analgesia, but also sedation for sleep and treatment for depression. In this case the patient suffered an injury 34 years ago and the Nortriptyline is medically necessary in order to treat his chronic neuropathic pain, symptoms of depression and insomnia.

Topamax 50mg po q6 #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 21.

Decision rationale: Topamax is an antiepileptic that is considered a first-line agent for neuropathic pain. According to the medical records submitted, Topomax has demonstrated efficacy in relieving the patient's chronic neuropathic pain. Thus the medical necessity of Topomax is established and appropriate in this patient.

Docusate sodium 250mg, po qd-bid #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The request is for Colace in a patient on chronic opioid therapy. The CA MTUS supports the prophylactic use of stool softeners such as Colace in a patient on chronic opioid therapy. Opioids are well-known to cause constipation, therefore the medical necessity of the request is established.