

Case Number:	CM14-0140577		
Date Assigned:	09/10/2014	Date of Injury:	09/25/2006
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year old male who was injured on 09/25/2006. The mechanism of injury is unknown. Prior medication history included Norco, Norflex, and Elavil. Past medications as of 01/08/2014 included Amitriptyline, hydrocodone/APAP, and cyclobenzaprine (VAS 6-7/10 with medications and without medications is 10/10). Progress report dated 05/07/2014 indicates the patient presented with complaints of low back pain and bilateral lower extremity numbness and tingling. He rated his pain as an 8/10 and noted his left leg pain was becoming worse. He also continued to have neck pain rated as an 8/10. Objective findings on exam revealed tenderness to palpation bilaterally over the paraspinal muscles bilaterally. He has 4+/5 strength is bilateral lower extremities. The patient is diagnosed with lumbar radiculopathy. The following medications have requested: Amitriptyline HCL 25 mg, hydrocodone/APAP 5/325 mg 60, and Orphenadrine citrate 100 mg 60. Prior utilization review dated 08/22/2014 by [REDACTED] states the request for Nortriptyline HCL 25mg, QTY: 60 with 2 refills is modified to certify Nortriptyline HCL 25 mg, QTY 60 with 1 refill; and Hydrocodone/APAP 5/325mg, QTY: 60 with 2 refills is modified to certify hydrocodone/APAP 5/325 mg QTY 45. According to the medical records, the patient takes Nortriptyline 1 tab QHS and is seen every 12 weeks, so the amount needed is approximately 90 tablets. Therefore, the request for Nortriptyline HCL 25mg, QTY: 60 with 2 refills are modified to certify Nortriptyline HCL 25 mg, QTY 60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 25mg, QTY: 60 with 2 refills: 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 for chronic pain, Page(s): page(s) 13-16.

Decision rationale: Guidelines indicate that TCA can be used for neuropathic pain, thus it is appropriate in this case for Nortriptyline to be prescribed. However, Prior utilization review dated 08/22/2014 by [REDACTED] states according to the medical records, the patient takes Nortriptyline 1 tab QHS and is seen every 12 weeks, so the amount needed is approximately 90 tablets. Thus the excessive request for Nortriptyline HCL 25mg, QTY: 60 with 2 refills are modified to certify Nortriptyline HCL 25 mg, QTY 60 with 1 refill. Therefore, Nortriptyline HCL 25mg, QTY: 60 with 2 refills is not medically necessary.

Hydrocodone/APAP 5/325mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like Nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the Hydrocodone/APAP 5/325mg, QTY: 60 with 2 refills is not medically necessary.