

Case Number:	CM14-0143327		
Date Assigned:	09/10/2014	Date of Injury:	09/18/1984
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/04/2014

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 injured worker is a 60-year-old female with a reported injury on 09/18/1984. The mechanism of injury was a fall. The diagnoses included lumbar disc disease, lumbar radiculitis, and lumbar pain. The injured worker's past treatments included pain medication and acupuncture therapy. There were no relevant diagnostic tests provided for this review. There was no relevant surgical history documented in the notes. The subjective complaints on 07/09/2014 included moderate, constant low back pain. The physical examination to the lumbar spine revealed decreased range of motion. The notes also indicated a positive straight leg raise on the left, sensation is intact, and motor grade is rated 5/5. The injured worker's current medications are Norco 10/325 mg, Fentanyl patch, Anaprox, Gabapentin, and topical cream. The notes indicate that the injured worker has been on Norco since at least 05/29/2014. The treatment plan was to continue the medications and refill the medications. A request was received for Nortriptyline #30 and Norco 10/325 mg #125. Rationale for the request was to relieve pain. The Request for Authorization form was dated 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline # 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): 15.

Decision rationale: The request for Nortriptyline # 30 is not medically necessary. The California MTUS Guidelines state tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors and are considered a first-line treatment for neuropathic pain. The injured worker has chronic low back pain. However, there is a lack of documented evidence in the physical exam to support neuropathic pain. Additionally the request as submitted did not provide a medication frequency. In the absence of clear evidence that the pain is neuropathic in origin and a medication frequency the request is not supported by the guidelines. As such, the request is not medically necessary.

Norco 10/325mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg # 120 is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic back pain. The notes indicate that the injured worker has been on Norco since at least 05/29/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial function. The request is not supported. As such, the request is not medically necessary.