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| Case Number: | CM14-0180577 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 09/28/2001 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 51-year-old male who reported an injury on 09/28/2001. The mechanism of injury was not provided. He is diagnosed with lumbar strain and lumbar stenosis. His past treatments included medications. On 10/01/2014, the injured worker reported low back pain, rated 7/10. The injured worker indicated without taking pain medications his pain is rated 9/10 and with medications his pain is rated 5/10. Upon physical examination, he was noted to have moderate pain with lumbar extension. On the most recent note dated 10/03/2014, noted that the injured worker was short on his medication count for his pain medications. His current medications included Amitza 24 micrograms 1 twice a day, Norco 10/325 every 4 hours, nortriptyline 25 mg once every evening, and Tramadol 50 mg every 4 hours. The treatment plan included continuation of tramadol 50 mg to improve pain and function, continue Norco 10/325 to improve pain and function, continue Amitza for opioid induced constipation, continue nortriptyline 25 mg for neuropathic pain, a signed narcotic agreement, advice on proper medication use, and return to clinic in 1 month for a follow-up. A request was received for Nortriptyline 25mg #30, Tramadol 50mg #180, Norco 10/325mg #180 and Amitiza 24mcg #60. Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for nortriptyline 25mg #30 is not medically necessary. The California MTUS Guidelines recommend as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. There should be an assessment of treatment efficacy which should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and a psychological assessment. The injured worker was noted to be on nortriptyline since at least 05/2014. The clinical documentation indicates that nortriptyline is helping the injured worker sleep better at night; however, there is no indication of duration of sleep, changes in use of other analgesic medications, and a psychological assessment. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50mg #180 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, aberrant medication risks and side effects. The documentation submitted for review does indicate that the use of Tramadol has helped him significantly with pain relief and increased ability to perform activities of daily living. The injured worker indicated with pain medications his pain scale was 5/10. The adequate pain relief and improved function have been established. However, there were no recent urine drug screens provided, verifying appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with medication use. The injured worker was noted to be on Tramadol since at least 04/2014. Furthermore, the request does not indicate the frequency of taking the medication. Based on the documentation, continued use of Tramadol would not be supported by the guidelines. As such, the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, aberrant medication risks and side effects. The documentation submitted for review does indicate that the use of Tramadol has helped him significantly with pain relief and increased ability to perform activities of daily living. The injured worker indicated with pain medications his pain scale was 5/10. The adequate pain relief and improved function have been established. However, there were no recent urine drug screens provided, verifying appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with medication use. The injured worker was noted to be on Norco since at least 04/2014. Furthermore, the request does not indicate the frequency of taking the medication. Based on the documentation, continued use of Norco would not be supported by the guidelines. As such, the request is not medically necessary.

Amitiza 24mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 77.

Decision rationale: The request for Amitiza 24mcg #60 is not medically necessary. The California MTUS Guidelines recommend prophylactic treatment of constipation when initiating opioid medication. The injured worker was noted to be on Amitiza since at least 05/2014. The clinical documentation does indicate that Amitiza helps the injured worker with constipation; however, there is lack of evidence that he has failed first line treatment options for his constipation. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.