

Case Number:	CM14-0089190		
Date Assigned:	07/23/2014	Date of Injury:	09/26/2006
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Illinois. 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 54-year-old male who reported an injury on 09/26/2006 due to an unknown mechanism. Diagnoses were chronic pain syndrome, other testicular hypofunction, other specified disorders of sweat glands, and dysphagia pharyngoesophageal phase. Past treatments were physical therapy and 2 bilateral occipital nerve blocks. Diagnostic studies were not reported. Surgical history was cervical posterior and anterior fusion, cholecystectomy, and appendectomy. Physical examination on 04/22/2014 revealed no subjective complaints. Examination of the cervical spine revealed positive bilateral trapezius tenderness to palpation, especially in the lateral to incision point; severe bilateral occiput tenderness to palpation; moderate C2-6 process tenderness; and cervical range of motion for flexion was to 30 degrees, extension was to 2 degrees, right rotation was to 10 degrees, and left rotation was to 15 degrees. Lumbar spine was tender to palpation and bilateral lumbar muscles with spasm noted on the right. Medications were Ambien, amitriptyline, esomeprazole, gabapentin, morphine, Norco, Viagra, and Zanaflex. Treatment plan was to continue medications as directed and request radiofrequency ablation. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressant Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants, Tricyclic, Amitriptyline Page(s): 15.

Decision rationale: The request for amitriptyline 75 mg, quantity #60 is not medically necessary. The California Medical Treatment Utilization Schedule states for antidepressants that are a tricyclic antidepressant, they are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. This class of medication works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Amitriptyline is recommended for neuropathic pain. It is also recommended for the treatment of fibromyalgia. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Morphine Sulfate ER 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Morphine Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 60, 78, 86.

Decision rationale: The request for morphine sulfate ER 30 mg, quantity #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes overtime should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The 4 A's recommended by the medical guidelines were not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg, quantity #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short-acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The 4 A's recommended by the medical guidelines were not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.