MAXIMUS Federal Services

Case Number:	CM14-0213170		
Date Assigned:	12/30/2014	Date of Injury:	06/02/2006
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 employee was a 48 year old female who sustained an industrial injury on 05/02/2006 and 12/31/2009. Her diagnoses included lumbosacral neuritis or radiculitis. She was status post cervical discectomy and fusion at C5-6, C6-7 and C7-T1 on 09/10/13, bilateral carpal tunnel release, left elbow surgery and lumbar laminectomy with fusion on 10/28/14. Her medications included Cyclobenzaprine, Diclofenac XR, Omeprazole, Ondansetron, Tramadol ER and Wellbutrin. According to pain management note from 09/23/14, she had low back pain radiating down the right leg. The pain was better with Norco. She had gabapentin and opioids for the back pain. She slept for six hours a night. Pertinent examination findings included decreased pinprick in right lateral calf compared to the left. MRI of the lumbar spine from March 2014 shows L4-L5 broad based disc herniation causing stenosis of spinal cord and contact of the L5 traversing nerve root. Diagnoses included lumbar radicular pain on chronic opioid therapy. The plan of care included continuing Norco until after the surgery. Given the sleep disturbances she was started on Nortriptyline for radiculopathy. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar radiculopathy with Norco, with improvement of pain and was awaiting surgery. The most recent urine drug screen was consistent with the prescription medications in June 2014. The request for Norco continuation is medically necessary and appropriate in this claimant who had improved pain and was awaiting surgery. According to MTUS Chronic Pain Guidelines, AEDs, TCAs and SNRIs are considered

first line treatment for neuropathic pain. The employee had lumbar radiculopathy and had insomnia as well. Nortriptyline is medically necessary and appropriate to treat lumbar radiculopathy especially in the setting of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Pain #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The employee was a 48 year old female who sustained an industrial injury on 05/02/2006 and 12/31/2009. Her diagnoses included lumbosacral neuritis or radiculitis. She was status post cervical discectomy and fusion at C5-6, C6-7 and C7-T1 on 09/10/13, bilateral carpal tunnel release, left elbow surgery and lumbar laminectomy with fusion on 10/28/14. Her medications included Cyclobenzaprine, Diclofenac XR, Omeprazole, Ondansetron, Tramadol ER and Wellbutrin. According to pain management note from 09/23/14, she had low back pain radiating down the right leg. The pain was better with Norco. She had gabapentin and opioids for the back pain. She slept for six hours a night. Pertinent examination findings included decreased pinprick in right lateral calf compared to the left. MRI of the lumbar spine from March 2014 shows L4-L5 broad based disc herniation causing stenosis of spinal cord and contact of the L5 traversing nerve root. Diagnoses included lumbar radicular pain on chronic opioid therapy. The plan of care included continuing Norco until after the surgery. Given the sleep disturbances she was started on Nortriptyline for radiculopathy. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar radiculopathy with Norco, with improvement of pain and was awaiting surgery. The most recent urine drug screen was consistent with the prescription medications in June 2014. The request for Norco continuation is medically necessary and appropriate in this claimant who had improved pain and was awaiting surgery.

Nortriptyline 25mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 18.

Decision rationale: The employee was a 48 year old female who sustained an industrial injury on 05/02/2006 and 12/31/2009. Her diagnoses included lumbosacral neuritis or radiculitis. She

was status post cervical discectomy and fusion at C5-6, C6-7 and C7-T1 on 09/10/13, bilateral carpal tunnel release, left elbow surgery and lumbar laminectomy with fusion on 10/28/14. Her medications included Cyclobenzaprine, Diclofenac XR, Omeprazole, Ondansetron, Tramadol ER and Wellbutrin. According to pain management note from 09/23/14, she had low back pain radiating down the right leg. The pain was better with Norco. She had gabapentin and opioids for the back pain. She slept for six hours a night. Pertinent examination findings included decreased pinprick in right lateral calf compared to the left. MRI of the lumbar spine from March 2014 shows L4-L5 broad based disc herniation causing stenosis of spinal cord and contact of the L5 traversing nerve root. Diagnoses included lumbar radicular pain on chronic opioid therapy. The plan of care included continuing Norco until after the surgery. Given the sleep disturbances she was started on Nortriptyline for radiculopathy. According to MTUS Chronic Pain Guidelines, AEDs, TCAs and SNRIs are considered first line treatment for neuropathic pain. The employee had lumbar radiculopathy and had insomnia as well. Nortriptyline is medically necessary and appropriate to treat lumbar radiculopathy especially in the setting of insomnia.