

Case Number:	CM14-0213261		
Date Assigned:	12/30/2014	Date of Injury:	09/16/2010
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 26-year-old man who sustained a work related injury on September 16, 2010. Subsequently, he developed chronic low back pain. MRI of the lumbar spine dated October 17, 2014 showed disc protrusion at L4-5 with spinal canal stenosis, thecal sac flattening and lateral stenosis, small central disc protrusion at L5-S1. According to the follow-up report dated Septmebr 9, 2014, the patient reported increase in his pain despite constant medication and activity levels. With the increase in pain, he has noted numbness into his right leg. He felt that it gets weak at times. On exam, the patient did have some decrease in sensation in the lateral leg, but more importantly, has an absent patellar reflex on the right. he did have myofascial restriction in his lumbar spine as well. His reverse straight leg raise produced some tingling sensation. The patient was diagnosed with lumbosacral spiondylosis, spasm of muscle, and lumbar disc degeneration. The provider requested authorization for Amitriptyline Tab and Hydrocodone / APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline Tab 100mg #30: 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): 13.

Decision rationale: According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, there is not sufficient documentation about the previous use and efficacy of Amitriptyline. Based on the above, the prescription of Amitriptyline is not medically necessary.

Hydrocodone / APAP 10-325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear justification for the need to continue the use of Hydrocodone. The patient was previously treated with Hydrocodone without any evidence of pain and functional improvement. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Hydrocodone/APAP 10/325mg #240 is not medically necessary.