

Case Number:	CM15-0118165		
Date Assigned:	06/26/2015	Date of Injury:	02/06/2014
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 25 year old male, who sustained an industrial injury on 02/06/2014. On provider visit dated 04/16/2015 the injured worker has reported chronic pain syndrome and complex regional pain syndrome, type II, lower limb. On examination of the injured worker revealed signs and symptoms of mild CRPS with allodynia and dystrophic changes in the posterior ankle and color change as compared to the left foot. Low back pain that may be due to antalgic gait was noted. The diagnoses have included complex regional pain syndrome, type II, lower limb, chronic pain syndrome, disorder of ankle and lower back pain. Treatment to date has included medications: Amitriptyline, Cymbalta, Ibuprofen, Norco and Gabapentin and physical therapy. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity submitted for review. The provider requested Norco and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg #60 with 5 refills: 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): 13-14.

Decision rationale: Amitriptyline is an antidepressant. Amitriptyline is recommended as first line treatment for chronic neuropathic pains unless there are side effects or is not effective. These classes of medications have very low threshold for toxicity and close monitoring must be considered. It is indicated with patient's diagnosis of regional pain syndrome and depression. However, the number of refills is excessive and is not indicated due to MTUS guidelines recommendation of monitoring. Patient is being followed by primary provider and a psychiatrist regularly. The request for Amitriptyline with 5 refills is not medically necessary.

1 prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic Pain Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in patient's pain or function on current opioid regimen. There is no long term plan documented by provider concerning weaning or opioid therapy management. Therefore, the request for Norco is not medically necessary.