

<b>Case Number:</b>	CM15-0118516		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/25/2008
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York  
 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 67-year-old female injured worker suffered an industrial injury on 10/25/2008. The diagnoses included chronic bilateral knee degenerative osteoarthritis, chronic low back pain degenerative lumbar spondylosis and myofascial pain syndrome and insomnia. The injured worker had been treated with medications. On the treating provider reported chronic pain in both knees and low back. The current analgesic medications help her maximize her level of physical function and improve her quality of life. The average pain was 9/10 without meds and 4-5/10 with medications. The IW is on permanent disability. The treatment plan included Norco, Oxymorphone and Nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 1 refill:** 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): 74-96.

**Decision rationale:** CA MTUS discourages long term usage of opiates unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Additional guidelines states, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation provided indicated pain level, however did not include a comprehensive pain assessment and evaluation or specific evidence of functional improvement. There are no urine drug screen results. The request does not include dosing ore frequency. The request for Norco was not medically necessary.

**Oxymorphone ER 10mg #30 with 1 refill:** 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): 74-96.

**Decision rationale:** CA MTUS discourages long term usage of opiates unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Additional guidelines states, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation provided indicated pain level, however did not include a comprehensive pain assessment and evaluation or specific evidence of functional improvement. There are no urine drug screen results. The request does not include dosing ore frequency. The request for Norco was not medically necessary.

**Nortriptyline 10mg #60 with 12 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines for Antidepressants are recommended for first line option for neuropathic pain. Tricyclic antidepressants are generally considered as a first line agent. Assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medications, sleep quality and psychological assessment. The documentation provided did not include a comprehensive pain assessment and evaluation and specific efficacy of this medication. There is no documentation of neuropathic pain. There was no physical examination documented, conduction studies included or response to this medication reported. Furthermore, the request does not include dosing or frequency. Without the support of documentation, the request for Nortriptyline is not medically necessary.