

Case Number:	CM15-0121068		
Date Assigned:	07/01/2015	Date of Injury:	03/22/2011
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
 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 injured worker is a 57 year old male with an industrial injury dated 03/22/2011. The injured worker's diagnoses include cervical spondylosis and internal derangement of the left knee. Treatment consisted of diagnostic studies prescribed medications and periodic follow up visits. In a progress note dated 06/02/2015, the injured worker reported severe neck pain and constant left knee ache. The injured worker also reported last prescription not filled causing increase in pain and that he was still working but barely. Objective findings revealed moderate left occipital tenderness, left acromioclavicular joint (AC) and bicipital tenderness and medial left knee tenderness. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed Hydrocodone/Acetaminophen 5/325mg #120 and Nortriptyline 25mg #30 with 3 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 5/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spondylosis; and internal derangement left knee. The date of injury is March 22, 2011. The most recent progress note is June 2, 2015. The request for authorization is dated June 4, 2015. The medical record contains 27 pages. The earliest progress of the medical records dated May 13, 2014. The worker was taking nortriptyline 25 mg and tramadol 50 mg at that time. An undated progress note indicates the injured worker was changed from tramadol 50 mg to hydrocodone/APAP 5/325 mg. Tramadol was not providing adequate pain relief. The most recent progress note dated June 2, 2015 subjectively states the injured worker is having ongoing neck pain and shoulder pain. Objectively, there is left occipital tenderness. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation of objective functional improvement with ongoing tramadol (now discontinued). There is no documentation of objective functional improvement from the undated progress note (start date for hydrocodone/acetaminophen) and the June 2, 2015 progress note. There were no pain contracts. Consequently, absent clinical documentation with detailed pain assessments, risk assessments, documentation demonstrating objective functional improvement and effective analgesic response to tramadol, Hydrocodone/APAP 5/325mg #120 is not medically necessary.

Nortriptyline 25mg #30 with 3 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): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Nortriptyline 25 mg #30 with three refills is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week as antidepressant effects take longer. In this case, the injured worker's working diagnoses are cervical spondylosis; and internal

derangement left knee. The date of injury is March 22, 2011. The most recent progress note is June 2, 2015. The request for authorization is dated June 4, 2015. The medical record contains 27 pages. The earliest progress of the medical records dated May 13, 2014. The worker was taking nortriptyline 25 mg and tramadol 50 mg at that time. An undated progress note indicates the injured worker was changed from tramadol 50 mg to hydrocodone/APAP 5/325 mg. Tramadol was not providing adequate pain relief. The most recent progress note dated June 2, 2015 subjectively states the injured worker is having ongoing neck pain and shoulder pain. Objectively, there is left occipital tenderness. There is no documentation of objective functional improvement from Nortriptyline ranging from May 13, 2014 through the present June 2, 2015 progress notes. Additionally, there was no clinical indication in the medical record for nortriptyline. The instructions stated nortriptyline 25 mg wanted bedtime. It is unclear whether nortriptyline was prescribed for sleep, depression, or some other malady. Consequently, absent clinical documentation with a clinical indication and rationale and objective functional improvement to support ongoing nortriptyline 25 mg, Nortriptyline 25 mg #30 with three refills is not medically necessary.