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| Case Number: | CM15-0128894 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 12/18/2012 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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 Jersey, Alabama, 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 injured worker is a 48 year old male who sustained a work related injury December 18, 2012. Past history included right knee arthroscopic partial medial and lateral meniscectomy, non-abrasive chondroplasty, extensive, patellofemoral joint, trochlea, tibia and femur, lateral release and status post left knee arthroscopy and meniscectomy, February 27, 2015. (An MRI of the left knee, dated February 2013, demonstrated a torn meniscus with extruded fragment). According to a primary treating physician's progress report, dated May 29, 2015, the injured worker presented for a complex pain management evaluation. He continues to participate in post-operative physical therapy two days a week status post left knee surgery. He reports a trial of Amitriptyline, although helpful for insomnia and pain, caused significant next day sedation even with taking half a tablet. He also reported that Norco caused dyspepsia and want another medication, though not as strong. He has overall mild to moderate right knee pain but the left knee pain is severe with any extensive weight bearing. He reports improvement with range of motion with physical therapy but quite painful. Current medication included Omeprazole, Tramadol, and Amitriptyline. He rates his pain 7 out of 10 with medication and 9-10 out of 10 without medication. Examination of the left knee revealed well-healed scars with tenderness over the medial and lateral joint line. There is crepitus with range of motion, mild swelling, and sensory is intact. Diagnoses are left wrist sprain strain with CMC joint disease left thumb; bilateral knee derangement and patellofemoral disease and left knee osteoarthritis. At issue, is the request for authorization for Tylenol Codeine No. 4 and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Codeine No.4 #60: Upheld

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

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, Tylenol#4 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. 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 documentation of reduction and functional improvement with previous use of Tylenol with Codeine. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tylenol#4 is not medically necessary.

Amitriptyline 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant 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's file, the patient was using amitriptyline to address secondary insomnia. There is no evidence of significant depression in the submitted documents. The medication was used for over 4 weeks and there is no evidence of functional improvement. Based on the above, the prescription for Amitriptyline 10mg is not medically necessary.