

<b>Case Number:</b>	CM15-0023697		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Preventive Medicine, Occupational 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 69 year old male, who sustained an industrial injury on 6/3/2003. The diagnoses have included spinal stenosis of the lumbar spine, lumbar degenerative joint disease and hip bursitis. Treatment to date has included acupuncture and pain medication. The injured worker underwent left-sided laminotomies L3-4, L2-3 and L1-2 levels to effect bilateral lateral recess and central canal decompression via unilateral approach on 12/3/2014. He had a history of bilateral hip replacements. According to the progress note dated 12/22/2014, the injured worker stated he was doing better since undergoing spinal surgery. He stated he was getting some sensation back in his legs. He reported taking Ultracet tablets for pain and Pamelor at night to offset the burning pain in his legs. The injured worker reported 50% reduction in his pain and 50% functional improvement with the medications. Physical exam revealed a healed posterior incision in the lumbar trunk; range of motion was limited. There was tenderness over the greater trochanters of the bilateral hips. The treatment plan was to continue medications, Ultracet for pain, Pamelor for neuropathic pain and Cialis for erectile dysfunction related to chronic spinal stenosis. It was noted that urine drug screens had been appropriate. On 1/30/2015, Utilization Review (UR) modified a request for Ultracet #120 to Ultracet #90, and for Pamelor 10mg #30 to Pamelor 10mg #24. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultracet is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultracet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Ultracet #120 is not medically necessary. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic.

**Pamelor 10mg # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Nortriptyline.

**Decision rationale:** According to the Official Disability Guidelines, nortriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. I am reversing the previous utilization review decision. Pamelor 10mg # 30 is medically necessary.