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| Case Number: | CM15-0076740 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 09/13/2012 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: Florida

Certification(s)/Specialty: Family Practice

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 66 year old male who sustained an industrial injury on 9/13/12. He has reported stepping into a hole and injuring the back and left knee. The diagnoses have included internal derangement of left knee, lumbar back pain, lumbar spinal stenosis, lumbar myofascial pain syndrome, and dyspepsia. Treatment to date has included medications, diagnostics, and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of continued low back pain and left knee pain which is unchanged. He is requesting medication re-fills. The objective findings revealed tenderness in the lumbar spine, muscle spasms, and decreased lumbar range of motion. There was left knee tenderness noted with mild effusion present. The injured worker ambulates with use of a cane. The physician noted that due to his intractable pain he is requesting medications. There was no urine drug screen noted. The physician requested treatments included Norco 7.5/325mg #90 and Elavil 25mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement presented in the documentation. This request is not considered medically necessary.

Elavil 25mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 402.

Decision rationale: MTUS guidelines state regarding Antidepressants, "Brief courses of antidepressants may be helpful to alleviate symptoms of depression." MTUS guidelines also state that antidepressants are recommended as a first line option for chronic pain that is neuropathic in nature. This patient has been taking Elavil, but there is no documentation that states that this medication has been improving his symptoms. Likewise, this request is not medically necessary.