MAXIMUS Federal Services

Case Number:	CM13-0029069		
Date Assigned:	11/01/2013	Date of Injury:	07/08/2004
Decision Date:	01/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 50 year old injured worker with a date of injury of 7/8/2004, who has filed a claim for chronic pain syndrome and chronic shoulder pain. The patient has been treated with the following: Analgesic medications; adjuvant medications, psychotropic medications; muscle relaxants; long and short acting opioids; prior right shoulder surgery; topical agents; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 29, 2013, the claims administrator denied a request for Norco, Morphine, Elavil, and Soma. The patient's attorney later appealed, September 18, 2013. A later note of September 23, 2013, notes that the patient medications have not been paid for. The patient exhibits tenderness to touch about the entire arm, a diagnosis of painful right shoulder subacromial decompression, and receives refills of Norco, morphine, Elavil, and Soma while remaining off of work. An earlier note of August 12, 2013, notes that the patient is having insomnia and other issues. It has been stated that the patient is stable on the current dosage of Soma. Norco, Motrin, and Elavil are also refilled. The patient is again described as not able to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg four times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, states that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or pain relief affected through ongoing opioid usage. The medical records provided for review does not include evidence that any of the aforementioned criteria have been met. The employee does not appear to have returned to any form of work. The employee is now reportedly permanently disabled and collecting Social Security Disability Insurance. There is no clearly detailed evidence of improved function and/or reduced pain affected through ongoing opioid usage. The request for Norco 10/325 mg four times daily is not medically necessary and appropriate.

MS Contin 60 mg twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As with the Norco, the employee fails to clearly meet the criteria established on the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The medical records provided for review shows no evidence that the employee has returned to work. There is no evidence of improved functioning and/or reduced pain effected through ongoing morphine usage. The request for MS-Contin 60 mg twice daily is also not medically necessary and appropriate.

Amitriptyline 25 mg twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guideline, page 13, does recommend usage of amitriptyline in the treatment of chronic pain. However, based on the medical records provided for review, the employee has already used this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same as defined by the measures in the MTUS Chronic Pain Medical Treatment Guidelines. The employee's failure to return to any form of work and continued reliance on various analgesic and adjuvant medications indicates a lack of functional improvement. The request for Amitriptyline 25 mg twice daily is not medically necessary and appropriate.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does not endorse chronic or long-term usage of Soma, particularly when added to opioid or opioid derivatives. The medical records provided for review indicates that the employee is using two other opioid agents, Norco and morphine. Adding Soma (Carisoprodol) to the mix is not indicated. As with the other drugs, the employee has failed to reflect any functional improvement. The request for Soma is not medically necessary and appropriate