

Case Number:	CM13-0041739		
Date Assigned:	12/20/2013	Date of Injury:	06/28/2001
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old male who reported an injury on 06/28/2001 due to a slip and fall that caused injury to the left side of his body. The patient was ultimately diagnosed with a left shoulder rotator cuff tear. The patient had received various treatments to include psychiatric support, medication management, and active therapy. The patient's most recent medications included Effexor XR, Naprosyn 500 mg, Norco 10/325 mg, Seroquel XR 300 mg, and trazodone 50 mg. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed the patient had back pain, muscle weakness, and neck pain. Physical findings included an antalgic gait with assisted ambulation. It was noted that the patient had 7/10 pain, both with and without medications and did not receive any functional benefit from prescribed medications. The patient's treatment plan included continued medications and followup in 1 month with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trazodone 50mg #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain and Anti-Depressants Pag.

Decision rationale: The requested prescription for trazodone 50 mg #30 with 4 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of medications in the management of a patient's chronic pain be supported by evidence of pain relief and significant functional benefit. Although California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first-line treatment for chronic pain, the continued use of this medication is not supported. There is no documentation that the patient has any change in activity level of ability to function as a result of the medication usage. Additionally, the requested 4 refills do not allow for timely re-evaluation and re-assessment of the medication. As such, the requested prescription of trazodone 50 mg #30 with 4 refills is not medically necessary or appropriate.

1 prescription of Norco 10/325mg #150 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management, Page(s): 78.

Decision rationale: The requested prescription for Norco 10/325 #150 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has entered into an opioid contract and is monitored for aberrant behavior with urine drug screens. However, the clinical documentation reports that the patient has no change in pain levels as a result of medications. Additionally, the documentation does not reflect any functional benefit as a result of medication usage. Therefore, continued use would not be supported. As such, the requested Norco 10/325 #150 with 1 refill is not medically necessary or appropriate.

The request for 1 prescription of Naprosyn 500mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic Pain and NSAIDs (non-steroidal).

Decision rationale: The requested prescription of Naprosyn 500 mg #60 with 4 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of significant functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has a change in pain levels as a result of medication usage. Additionally, there is no

documentation of increased functional benefit as a result of medication usage. Also, the requested 4 refills does not allow for timely re-evaluation and re-assessment of the patient's medication schedule. As such, the requested 1 prescription of Naprosyn 500 mg #60 with 4 refills is not medically necessary or appropriate.