

Case Number:	CM13-0047081		
Date Assigned:	12/27/2013	Date of Injury:	04/30/2010
Decision Date:	06/16/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California, and Tennessee. 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/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 injured worker is a 43-year-old female injured on 04/30/10 when she was involved in a motor vehicle collision. The current diagnoses included left rotator cuff tendinosis, left shoulder SLAP lesion, and left shoulder bursitis and impingement. The clinical note dated 09/05/13 indicated the injured worker reported ongoing neck pain and mid back pain rated 7/10 with persistent headaches at the posterior aspect of the neck and left shoulder pain. The injured worker complained of depression and denied suicidal ideation. The injured worker reported decreased spasms and headache with medications and increased function. The clinical documentation dated 11/21/13 indicated the injured worker presented with left shoulder pain rated at 6-7/10 with inability to perform overhead activities due to poor range of motion and pain. The injured worker was status post cortisone injection to the shoulder which she felt was helpful for approximately four weeks. Physical examination of the left shoulder revealed decreased range of motion, positive pain in the acromioclavicular joint with direct palpation, negative speed test, negative drop arm test, positive subacromial bursitis, positive impingement, positive apprehension test, positive O'Brien test, sensation intact to C5 distribution to light touch, and 4/5 strength. The injured worker was prescribed Norco 10/325mg TID, Topamax 50mg three times daily (TID), and Flexeril 10mg two to three times daily (QD). Original request for consult with pain psychologist for depression, psychiatric consult for depression and stress, ongoing follow ups with ortho, Flexeril 10mg #60, one refill, Norco 10/325mg #180, Topamax 50mg #180, and hydrocodone/acetaminophen 10/325mg #180 was initially non-certified on 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone/APAP 10/325mg #180 cannot be established at this time.

TOPAMAX 50MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-epileptic (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Other Antiepileptic Drugs, Topiramate (Topamax[®], no generic available) Page(s): 20.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. It is also utilized in the treatment of migraine headaches. The documentation indicates the injured worker reports persistent headaches at the posterior aspect of the neck and left shoulder pain. This is not indicative of migraine headaches. The documentation indicates the injured worker receives benefit from the use of Topamax as evidenced by a decrease in headaches; however, there is no further documentation to indicate functional benefit or a quantitative measurement of pain relief. As such, the request for Topamax 50mg #180 cannot be recommended as medically necessary at this time.

NORCO 10/325MG, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #180 cannot be established at this time.

FLEXERIL 10MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 10mg #60, 1 refill cannot be established at this time.

CONSULTATION WITH PAIN PSYCHOLOGIST FOR DEPRESSION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Psychological evaluations, pg. 100.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Evaluation will allow for appropriate recommendations for future psychotherapy and appropriate

medication management. As such, the request for Consult with Pain Psychologist for depression is recommended as medically necessary.

PSYCHIATRIC CONSULTATION (FOR DEPRESSION AND STRESS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS, 100.

Decision rationale: Based on review of the medical records provided, there is no indication in documentation that the injured worker is currently utilizing or requires medication management for psychiatric conditions. Following psychological consultation and the determination of further pharmacotherapy, a request for psychiatric evaluation can be submitted. As such, the request for Psychiatric consult with depression and stress cannot be recommended as medically necessary.

ONGOING FOLLOW-UPS (WITH ORTHO): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints, -online version, Follow-up Visits.

Decision rationale: As noted in the Low back disorders section of the CA MTUS, patients with potentially work-related low back disorders should follow-up every 3 to 5 days with a health care provider who can offer counsel regarding bed rest, static positions or inactivity, medication use, activity modification, a good prognosis, and other concerns. Subsequent follow-up can occur when there is need for altered treatment; release to modified, increased or full duty; or after appreciable healing or recovery can be expected. Typically, this will be no later than 1 week into the acute pain period. At the other extreme, in the stable chronic low back pain setting, follow-up may be infrequent, such as every 6 months. There is no indication in the documentation that the injured worker requires evaluations related to acute injury and can be maintained on an infrequent, as needed basis. As such, the request for On-going follow ups with Ortho cannot be recommended as medically necessary at this time.