

Case Number:	CM13-0065886		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2005
Decision Date:	08/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 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 57 year old female who had a work related injury on 02/21/05. No clinical documentation of mechanism of injury. The injured worker has been seen in follow up for continued neck pain radiating to her lateral head and pain to the right forearm. She stated she had been out of her medication for two months or so. Most recent clinical documentation submitted for review was dated 10/31/13. She presented with a pain scale of 9/10 with medications. She complained of myalgias, muscle weakness, stiffness, joint complaints, and arthralgia. She also complained of depression and anxiety. Physical examination no assistive devices, appeared older than stated age. In distress secondary to pain, anxious and no deformities. Gait and station overall normal gait. Cervical spine, normal cervical lordosis, cervical spine palpation, tenderness over the spinous processes, trigger points, tender leper cervical, tenderness right paracervical, tenderness right trapezius. Flexion painful cervical muscles with flexion and right lateral bending, painful cervical muscle right lateral bending. Weakness 4/5 strength right upper extremity. Glenohumeral joint tenderness and acromioclavicular joint tenderness. Flexion weakness with 4/5 strength. Diagnoses neck pain; Joint arm pain; Anxiety; Depression; Insomnia. Current medication: ibuprofen, Paxil, Toradol, Zanaflex. Prior utilization review was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #60 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for ibuprofen. The injured worker rates her pain as 9/10 with medication. Guidelines recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Therefore medical necessity has not been established. The request for ibuprofen 800mg #60, with 1 refill is not medically necessary.

PAXIL 20MG #30 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antidepressants for chronic pain.

Decision rationale: The clinical documentation submitted for review does support the request for Paxil. The injured worker does have depression, probably secondary to chronic pain. As such, medical necessity has been established. The request for Paxil 20mg #30 with one refill is medically necessary.