

Case Number:	CM13-0070869		
Date Assigned:	01/08/2014	Date of Injury:	07/08/2002
Decision Date:	06/24/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation 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 64-year-old female who reported an injury on 07/08/2002 secondary to an unknown mechanism of injury. According to the documentation submitted for review, she was treated previously with a home exercise program, physical therapy, surgery, and injections. It was noted that the injured worker underwent a cervical spine fusion, left carpal tunnel release, right carpal tunnel release, trigger finger release, and left elbow ulnar nerve transposition on unknown dates. The injured worker was evaluated on 11/11/2013 and reported pain of unknown severity in the neck, upper back, hands, and left arm. She also reported stress and anxiety. On physical examination the injured worker was noted to have limited cervical spine range of motion and tenderness over the paravertebral and trapezius muscles with normal deep tendon reflexes. It was also noted that she had decreased grip strength in the right hand. Her diagnoses on that date were noted to include sleep deprivation, stress, anxiety, and depression. Her treatment plan included home therapy and a follow-up with her internist for medications. According to a progress report dated 11/11/2013, the injured worker was seen by her internist the same date. It was noted that she was taking her medications as directed and that there were no new complaints. She was recommended for continuation of current medications and a follow-up appointment in 10 weeks. A urine drug screen was also collected on that date and was noted to be consistent with prescriptions for Norco and Zoloft. Previous urine drug screens indicated that the injured worker had used Zoloft and Norco since at least 10/29/2012. A requested was submitted for pharmacy purchase of Zoloft and Norco 5/525 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF ZOLOFT: Upheld

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 Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The request for pharmacy purchase of Zoloft is not medically necessary and appropriate. According to the most recent medical records submitted for review, the injured worker reported neck pain, back pain, arm pain, and hand pain. She also reported stress and anxiety. She was diagnosed with depression. As there is no documented rationale for the requested medications, it is unclear whether the requested medications are intended for the treatment of neuropathic pain or depression. The California Medical Treatment Utilization Schedule (MTUS) Guidelines may recommend antidepressants for the treatment of neuropathic or nonneuropathic pain in injured worker's with depression; however, there is no recently documented evidence to indicate quantifiable pain relief or objective functional improvement with the injured worker's use of this medication. Additionally, there is no recent documentation of objective psychometric testing. Therefore, it is unclear that there has been an improvement in depressive symptoms with the injured worker's use of this medication. In the absence of documentation of quantifiable pain relief, objective functional improvement, or recent psychometric testing, there is insufficient evidence to indicate that the injured worker would benefit from continued use of Zoloft. Furthermore, the request as written does not include a dose, frequency, or quantity, therefore, it is unclear that the request allows for timely reassessment of medication efficacy. As such, the request for pharmacy purchase of Zoloft is not medically necessary and appropriate.

PHARMACY PURCHASE OF NORCO 5/525MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 78.

Decision rationale: The request for pharmacy purchase of Norco 5/525 mg is not medically necessary and appropriate. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. It was noted that the injured worker has used Norco since at least 10/29/2012. Although periodic urine drug screens indicate appropriate medication use, recent medical records failed to document evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Norco. Therefore, it is unclear that the injured worker would benefit from continued use of Norco. Furthermore, the request as written does not include a quantity of medication requested. Therefore, it is unclear that the request allows for a timely reassessment of

medication efficacy, as such, the request for pharmacy purchase of Norco 5/525 mg is is not medically necessary and appropriate.