

Case Number:	CM13-0072188		
Date Assigned:	01/08/2014	Date of Injury:	04/05/2012
Decision Date:	05/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old female who injured her right shoulder after falling on 4/5/12. She was later diagnosed with adhesive capsulitis and shoulder reflex sympathetic dystrophy of her right shoulder and experiences pain in her right shoulder due to this injury. She later was diagnosed with carpal tunnel syndrome after surgery on her shoulder. The worker has had subacromial decompression, biceps tenodesis, and acromioclavicular resection, physical therapy including manipulation and exercise, NSAIDs, as well as has been treated with many medications such as amitriptyline hydrocodone, neurontin, oxycodone, methylprednisolone, shoulder steroid as well as nerve block injections, duloxetine, and diazepam to help the pain in Final Determination Letter for IMR Case Number CM13-0072188 3 her shoulder. She was later prescribed by her treating physician, ondansetron for nausea. Part of her treatment was deferred to a pain specialist after being referred on 2/22/13 for her shoulder pain after exhausting prior efforts get pain relief and again on 8/14/13 to another pain specialist to take over her care. Again she was referred to a reflex sympathetic dystrophy clinic on 10/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/235: 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): 78-80.

Decision rationale: : MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use, drug screening, review of non-opioid means of pain control, and side effects as well as consultation with pain specialist if after 3 months unsuccessful with opioid use to improve function as criteria necessary to support the medical necessity of Norco or Percocet. Long-term use of these medications requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using both Percocet and Norco for her chronic shoulder pain, but no documentation was seen in the notes provided, showing the treating physician's review of functional improvement specifically related to her opioid use, and evidence of drug screening was seen. There also was no duration in the request for Norco or Percocet, which is required. For these reasons, Norco 10/235 and Percocet 10/235 are not medically necessary.

PERCOCET 10/235: 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): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use, drug screening, review of non-opioid means of pain control, and side effects as well as consultation with pain specialist if after 3 months unsuccessful with opioid use to improve function as criteria necessary to support the medical necessity of Norco or Percocet. Long-term use of these medications requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using both Percocet and Norco for her chronic shoulder pain, but no documentation was seen in the notes provided, showing the treating physician's review of functional improvement specifically related to her opioid use, and evidence of drug screening was seen. There also was no duration in the request for Norco or Percocet, which is required. For these reasons, Norco 10/235 and Percocet 10/235 are not medically necessary.

ZOFRAN 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran) And Antiemetic (For Opioid Nausea) Sections.

Decision rationale: The MTUS is silent on the use of zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In this case, the worker had been using Zofran for at least 4 weeks and no documentation was seen suggesting if the drug was prescribed for opioid-related nausea or for another cause of nausea. No documentation was seen in the provided notes of the treating physician attempting to find a specific cause of her nausea that might warrant the use of Zofran. Also no specific duration of use was mentioned in the request. For these reasons, the Zofran 4 mg is not medically necessary.

NERUONTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-18.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. Of the anti-epilepsy drugs, neurontin, specifically, is considered a first line treatment for neuropathic pain. In the case of this worker, there were no evidence seen from the documents provided of preconception counseling or of pain and functional improvements related to this drug alone. Also there was no specific duration of use found in the request. For these reasons, the Neurontin 600 mg is not medically necessary.