

Case Number:	CM14-0101165		
Date Assigned:	07/30/2014	Date of Injury:	07/18/2013
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 California & Washington. 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 49-year-old male who reported an injury on 07/18/2013 while atop a 65 foot cell tower. He began feeling cramping to the right forearm and then the third and fourth fingers started to lock up. The injured worker had a history of right shoulder pain radiating to the right side of the neck with stiffness and occasional numbness and tingling. The injured worker had a diagnosis of tendinitis in the right shoulder and myofascial pain with the superior glenoid labrum. Past surgical included a right superior Labrum from anterior to posterior tear, with no known date. The medications included Norco 5/325 mg, naproxen 550 mg, Flexeril 7.5 mg with a reported pain of 8/10 per the VAS. The past treatment included cortisone injections times 2 months ago, physical therapy sessions that assisted with pain control. The treatment plan included a contract for the controlled substance, continue medications, stretching exercises, and TENS unit, sleep and hygiene. The Request for Authorization dated 07/30/2014 was submitted with documentation. The rationale for the alprazolam, the Norco and escitalopram was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, for ongoing management for opiates such as Norco, documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical note indicated that the injured worker has a rate of 8/10 and that he has some decreased activities of daily living. However, the adverse side effects and aberrant drug taking behavior was not documented. The clinical notes also indicate that the injured worker is using the TENS unit and conservative physical therapy which did assist with pain control and was educated on stretching exercises which has been indicated for the injured worker to complete at home. However, no documentation provided on the outcome of the stretching exercises, nor the physical therapy evaluations. The request did not indicate the frequency. As such, the request is not medically necessary.

Alprazolam 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines for long-term use and most guidelines limit use to 4 weeks. The request did not address the frequency. As such, the request is not medically necessary.

Escitalopram 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Trazodone, Prozac, Fluoxetine Page(s): 107.

Decision rationale: The California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. Per the guidelines, selective serotonin reuptake inhibitors are not recommended for the treatment of pain. They play a secondary role in depression. However, per the clinical notes provided, the injured worker did not show clinical signs of depression. The request did not address the frequency. As such, the request is not medically necessary.