

Case Number:	CM14-0013040		
Date Assigned:	02/26/2014	Date of Injury:	07/05/2007
Decision Date:	07/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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 patient is a 42-year-old female who has submitted a claim for bilateral upper extremity repetitive strain injury and left impingement sign associated with an industrial injury date of 7/5/2007. Medical records from 2013 were reviewed which revealed persistent upper extremities pain accompanied by numbness. Pain scale was 10/10. Physical examination showed tenderness in the posterior neck and trapezius area. Decreased finger flexion on the left was noted. Treatment to date has included, intake of medications namely Sertraline, Norco, Methadone and Zolpidem. Utilization review from 1/17/14 denied the requests for Norco and Sertraline. Regarding Norco, it was denied because there was no documentation to monitor compliance and screen for aberrant behavior associated with intake of opioid. Regarding Sertraline, it was denied because there was no documentation that patient is having depression or anxiety. Medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #180 PER 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 03/7/2013. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 #180 per 30 days is not medically necessary.

SERTRALINE 25MG DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIS(SELECTIVE SEROTONIN REUPTAKE INHIBITORS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 16.

Decision rationale: As stated on page 16 of California MTUS Chronic Pain Medical Treatment Guidelines, Selective Serotonin Reuptake Inhibitors (SSRI) has been suggested in addressing psychological symptoms associated with chronic pain. In this case, the patient was prescribed Sertraline, a kind of SSRI since at least 8/6/13. However, medical records submitted for review did not mention that patient is having psychological symptoms associated with pain. Furthermore, the present request did not specify the amount of medication to dispense. The request was incomplete. Medical necessity has not been established. Therefore, the request for Sertraline 25mg daily is not medically necessary.