MAXIMUS Federal Services

Case Number:	CM14-0019524		
Date Assigned:	04/23/2014	Date of Injury:	04/12/2013
Decision Date:	07/03/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/17/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 04/12/2013 secondary to motor vehicle accident. The diagnoses included chronic cervical pain and stenosis, right shoulder pain with internal derangement, right lateral epicondylitis, possible history of ulnar entrapment of the right elbow, chronic low back pain from degenerative disc disease and possible triangular fibrocartilage complex tear. The exam notes dated 10/09/2013 indicate the injured worker's prescriptions for hydrocodone and cyclobenzaprine were discontinued. The injured worker was evaluated on 01/30/2014 for reports of pain to the cervical area radiating down with numbness and tingling noted to the last 3 fingers and weakness, right shoulder, arm and wrist and low back pain with muscle spasm. The exam noted the injured worker had not been on medications for the last three months. There was moderate spasm to the cervical area with extension, lateral rotation and bending at 25% of normal noted. The range of motion of the right shoulder was 90 degrees abduction, 140 degrees flexion and 40 degrees extension. The range of motion of the left shoulder was abduction at 160 degrees. There was tenderness over the right epicondyle. A moderate spasm throughout the back was noted with range of motion at the waist at 40 degrees flexion, 10 degrees extension, lateral rotation was 25% of normal and lateral bending was 5% of normal. The treatment plan included medication therapy. The request for authorization is not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Norco 10/325MG #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level. Furthermore, there is a lack of documented evidence of efficacy of trials of NSAIDs. There is also evidence of previous opioid prescriptions being discontinued. Therefore, based on the documentation provided, the request is not medically necessary.

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is a lack of evidence of an objective assessment of the injured workers pain level. Furthermore, there is a lack of documented evidence of efficacy of trials of NSAIDs. There is also evidence of previous muscle relaxant prescriptions being discontinued. Therefore, the request is not medically necessary.

CITALOPRAM 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The request for citalopram 20mg #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that

these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). There is a lack of evidence of an objective assessment of the injured workers pain level. Furthermore, there is a lack of documented evidence of efficacy of trials of NSAIDs. There is also a lack of evidence of the treatment plan concerning the antidepressant therapy. Therefore, the request is not medically necessary.