MAXIMUS Federal Services

Case Number:	CM14-0114272		
Date Assigned:	08/01/2014	Date of Injury:	09/29/2013
Decision Date:	10/02/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/29/13. A utilization review determination dated 7/15/14 recommends non-certification of psych consult, Norco, Norflex, and Remeron. 5/5/14 medical report is mostly illegible, but appears to describe unchanged moderate pain. On exam, there is tenderness, positive impingement testing, and limited shoulder Range of Motion (ROM). Recommendations include psych consult, subacromial injection, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127.

Decision rationale: Regarding the request for psychology consultation, Chronic Pain Medical Treatment Guidelines state that "psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial

evaluations should determine if further psychosocial interventions are indicated." Within the documentation available for review, there is no clear and legible description of any significant symptoms/findings indicative of a psychological condition and subsequent need for specialty evaluation. In the absence of such documentation, the currently requested psychology consultation is not medically necessary.

Norco 7.5/325Mg PO Q12Hr PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that, "due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use." Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Norflex 100 Mg 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Norflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the CA MTUS. In the absence of such documentation, the currently requested Norflex is not medically necessary.

Remeron 15 Mg 1 PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter- Treatment for Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Insomnia treatment

Decision rationale: ODG notes that "sedating antidepressants such as mirtazapine have been used to treat insomnia, but there is less evidence to support their use for insomnia and they may be an option in patients with coexisting depression." In general, they recommend short-term pharmacological management of insomnia. Within the documentation available for review, there is no indication of failure of first-line medications, coexisting depression, or another rationale for the use of this medication. In light of the above issues, the currently requested Remeron is not medically necessary.