

Case Number:	CM14-0151044		
Date Assigned:	09/19/2014	Date of Injury:	09/16/2006
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 16, 2006. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; earlier rotator cuff repair surgery on March 12, 2014; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated September 5, 2014, the claims administrator partially certified a request for Norco, Gralise, and Zoloft. Norco was partially certified for weaning purposes on the grounds that the claims administrator alleged that the applicant had failed to improve with the same. Gralise was also partially certified for weaning purpose on the grounds that the claims administrator posited that the applicant did not have neuropathic pain present here. Zoloft was partially certified for weaning purposes on the grounds that the MTUS reportedly did not support usage of Zoloft for chronic pain purposes. The applicant's attorney subsequently appealed. In an April 11, 2012 Medical-legal Evaluation, it was acknowledged that the applicant was not working with limitations in place at that point in time. In a clinical progress note dated August 15, 2014, the applicant was five months removed from right shoulder rotator cuff repair surgery, it was noted. 140-160 degrees of shoulder abduction and flexion were noted. The applicant was reportedly progressing. A 20-pound lifting limitation was endorsed. This was improved as compared to a prior note of July 7, 2014, in which the applicant was placed off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy on either of these dates, however. In a July 2, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant had earlier been given a 21% whole-person impairment rating, it was stated. The applicant stated that the combination of Norco and Gralise was diminishing his pain complaints from 7/10 to 3-4/10. The applicant was also using insulin,

Metformin, Zocor, Glipizide, Wellbutrin, Zestril, Prilosec, and Zoloft, it was stated. The applicant had an ancillary diagnosis of obstructive sleep apnea, it was further noted. It was stated that the applicant's ability to perform home exercises, lift, and carry were improved with ongoing medication consumption. One of the stated diagnoses was "situational depression." On June 11, 2014, it was again noted that the applicant was status post four prior shoulder surgeries. The applicant reportedly had radicular symptoms in his left upper extremity status post earlier cervical epidural steroid injection, it was noted. The applicant again stated that ongoing medication consumption was diminishing his pain complaints from 7/10 without medications to 3-4/10 with medications. The attending provider posited that the applicant's ability to push, pull, and carry were improved as a result of ongoing medication consumption. In an August 9, 2014 psychology note, it was noted that the applicant had a history of various psychiatric diagnoses, including current issues with depression, an earlier historical issue with suicidal attempt, mood swings, and a remote history of amphetamine abuse. The attending provider posited that the applicant's usage of psychotropic medications had improved his mood to some extent and diminished earlier reports of suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has consistently reported appropriate reductions in pain scores from 7/10 without medications to 3-4/10 pain with medications. The applicant's ability to perform activities of daily living such as lifting, carrying, pushing, pulling, etc., have all reportedly been ameliorated as a result of ongoing Norco usage. While it does not appear that the applicant has returned to work, the attending provider is nevertheless diminishing the applicant's work restrictions from visit to visit, to reflect the applicant's favorable progression with Norco and other medications. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.

Gralise ER 600mg / 24hrs #90 (x 1 refill): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain. In this case, the applicant reportedly has ongoing complaints of neuropathic pain about the left upper extremity, either a function of cervical radiculopathy, diabetic neuropathy, or some combination of the two. The attending provider has posited on several occasions that the applicant's neuropathic/radicular symptoms have been attenuated with ongoing gabapentin usage and has further stated that the applicant's ability to lift, carry, push, pull, etc. has likewise improved over time. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Zoloft 100mg #30 (x1 refill): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Zoloft "may be helpful" to alleviate symptoms of depression. In this case, the applicant has a longstanding history of mental health issues, including depression, attention deficit hyperactivity disorder, and an earlier suicidal attempt. The attending provider has posited that the applicant's mood has been augmented with ongoing usage of Zoloft and Wellbutrin and has further stated that the applicant's suicidal ideations have likewise diminished following introduction of the same. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.