

Case Number:	CM14-0177342		
Date Assigned:	10/31/2014	Date of Injury:	11/01/1995
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 female patient with the date of injury of November 1, 1995. A Utilization Review dated October 7, 2014 recommended non-certification of 1 prescription of Norco 10/325mg, #120 and 1 prescription of Trazodone 50 mg, #60. A Progress Report dated September 23, 2014 identifies Subjective Complaints of low back pain, right hip pain, and left shoulder pain. Without pain medications, the patient's pain score is 10+/10 and with pain medications the pain score is 6-7/10. No physical examination findings are identified. Diagnoses identify sprain/strain of left shoulder, left rotator cuff tear, pain in left shoulder, pain in left upper arm, neuralgia/neuritis, sprain of neck, lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain related depression, and tension headaches. Treatment Plan identifies continue Norco 10/325 mg 2 po q 6 hrs #120 and refill Trazodone 50 mg 102 po q hs #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. 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, medications are noted to improve the patient's pain score. However, there is no documentation regarding side effects and no discussion regarding aberrant use. 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 (hydrocodone/acetaminophen) is not medically necessary.

Trazodone 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 50, 61, 159.

Decision rationale: Regarding the request for Trazodone, Chronic Pain Medical Treatment Guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no documentation indicating whether or not the patient has responded to the current Trazodone treatment. Antidepressants should not be abruptly discontinued. In the absence of clarity regarding those issues, the currently requested Trazodone is not medically necessary.