

Case Number:	CM14-0023649		
Date Assigned:	05/12/2014	Date of Injury:	08/23/2012
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 and is licensed to practice in Massachusetts, Connecticut, Texas and New Jersey. 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 43 year old male injured on 08/23/12 when he was shot in the chest resulting in a secondary fall injuring the left shoulder, elbow, and neck. The injured worker is status post L5-S1 laminectomy and status post right wrist lipoma surgery prior to the original injury. The injured worker also has secondary depression, post-traumatic stress disorder, insomnia, hypertension, and anxiety. It is noted in the documentation that the injured worker has been recommended to wean from opiates on multiple occasions. The physician documentation dated 12/31/13 indicates the injured worker's current psychiatric diagnoses include post-traumatic stress disorder and agoraphobia with panic disorder. The clinical note dated 01/13/14 indicates the injured worker presented with continued complaints of left shoulder pain status post diagnosis of rotator cuff sprain/strain, rotator cuff syndrome, elbow strain/sprain, elbow pain, cervical sprain/strain, and chronic pain syndrome. The documentation indicates the injured worker recently performed yard work that aggravated his left shoulder pain. He indicates medications are helping his pain and he is requested refills of those medications. The documentation indicates the injured worker is clinically consistent for left shoulder adhesive capsulitis and is pending authorization for physical therapy. Medications include Hydrocodone 5/500mg Q 12 hours, Paroxetine 10mg Q AM, Cyclobenzaprine 10mg Q 8 hours, Amitriptyline 25mg 1-3 QHS, Bisoprolol 25mg QD, Naproxen 550mg Q 12 hours, and Lidoderm 5% patch QD. The initial request for retrospective review of Vicodin 500/5mg #60 plus 3 refills on 01/13/14 and Paroxetine 10mg #30 plus 3 refills was non-certified on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE VICODIN 500/5MG, #60 WITH 3 REFILLS DOS: 1/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. Additionally, as of January 2014, the FDA recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of retrospective Vicodin 500/5mg, #60 with 3 refills DOS: 1/13/14 cannot be established at this time.

RETROSPECTIVE PAROXETINE 10MG, #30 WITH 3 REFILLS DOS: 1/13/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, paroxetine is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Paxil is indicated in the treatment of major depressive disorder, PTSD, generalized anxiety disorder, and social anxiety disorder. The injured worker is under the care of a psychotherapist for PTSD and agoraphobia with Panic Disorder. As such, the request for retrospective Paroxetine 10mg, #30 with 3 refills DOS: 1/13/14 is recommended as medically necessary.