MAXIMUS Federal Services

Case Number:	CM14-0024671		
Date Assigned:	02/28/2014	Date of Injury:	02/23/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36-year-old female with the date of injury of 02/23/2013. The listed diagnoses per [redacted] are: 1) tenosynovitis, wrist; 2) cervicalgia; 3) CRPS, type 1, upper extremity; 4) unspecified disorder of synovium, tendon and bursa; 5) fibromyalgia/myositis; 6) contusion, multiple sites, shoulder and upper arm. According to the progress report 01/23/2014 by [redacted], the patient presents with right arm and shoulder pain. The treating physician reports the patient has not been approved for Percocet. She denies any side effects with Neurontin and Elavil. She has started Traumeel ointment and reports it has not significantly helped her with the wrist pain. Current medication list: nabumetone 500 mg, Ambien 10 mg, Dendracin lotion, Lidoderm 5% patches, Percocet 5 mg, and Neurontin 300 mg. The treating physician recommends patient start on Mobic 15 mg ½ tablet and will also start her on Norco 10/325 ½ to 1 tablet up to 3 times a day. The patient is to also continue gabapentin 3 pills 3 times a day, and Elavil 25 mg 3 pills at night and may increase to 4 pills.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 1 MOBIC 15 MG #30 BETWEEN 1/23/2014 AND 1/23/2014:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: This patient presents with right arm and shoulder pain. The treater is requesting a trial of Mobic 15 mg #30. The MTUS guidelines states anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Report 12/02/2013 states patient has tried NSAIDs "without benefit and several side effects including nausea, GI upset and dizziness." It is unclear why the treater is recommending Mobic when prior trials of NSAIDs have proven ineffective with side effects. However, it is reasonable to try several different types of NSAIDs for pain control and Mobic is partial COX II specific inhibitor and may be associated with less GI side-effects. Recommendation is for authorization.

RETROSPECTIVE 1 NORCO 10/325 MG #90 BETWEEN 1/23/2014 AND 1/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: The treating physician is requesting a trial of Norco 10/325 mg #90. The medical file does not provide a Urine Drug Screen as required for continued opiate usage by MTUS. Page 78 of MTUS requires a pain assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The treating physician states in his 1/23/14 report that the patient is to start Norco as Percocet has been denied. However, review of the medical file indicates the patient was prescribed Norco in the past. On 12/2/13, the patient reported Norco provided no benefit and several side effects and the treater recommended switching to Percocet. Therefore, this request is not medically necessary.

RETROSPECTIVE 1 ELAVIL 25 MG #120 BETWEEN 1/23/2014 AND 1/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANT DRUG,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with right arm and shoulder pain. The treater is requesting a refill of Elavil 25 mg #120. The MTUS and ACOEM guidelines do not discuss Amitriptyline. Therefore, ODG guidelines were referenced. ODG guidelines has the following regarding Remeron for insomnia, "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, there is no indication that this patient suffers from depression. ODG recommends Amitriptyline to treat insomnia with coexisting depression. Recommendation is for denial.

RETROSPECTIVE 1 GABAPENTINE 300 MG #270 BETWEEN 1/23/2014 AND 1/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: The MTUS Guidelines state that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. This patient suffers from neuropathic pain for which use of Neurontin is indicated. However, the review of reports from 01/28/2013 to 01/23/2014 do not show any mention of whether or not the medication provides any pain relief. MTUS requires documentation of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.