

Case Number:	CM14-0026770		
Date Assigned:	06/13/2014	Date of Injury:	03/27/2001
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 Medicine and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 03/27/2001. The mechanism of injury was not provided within the documentation. Her diagnoses included internal derangement of the right shoulder cuff and chronic pain in the right shoulder. Her previous treatments were noted to be right shoulder suprascapular nerve block and stellate sympathetic ganglion block. It was noted in an assessment on 02/13/2014 that prior treatments were not effective. In addition, the assessment noted the injured worker managing medications successfully. She continued to have pain in the right shoulder described as throbbing, aching pain with burning and stabbing. She also indicated pain up to the neck region and down to the arm and forearm region. The injured worker reported pain in the upper back and also in the lower back described as aching. The physical evaluation noted her pain was rated at 7/10. There was tenderness of the supraspinatus and infraspinatus tendons. The injured worker was provided with refills of Norco, Lunesta, Soma, Xanax, Zantac, and Abilify. The provider's rationale for the request was not provided within the documentation. The Request for Authorization form for Norco was submitted 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg quantity: 240 is non-certified. The California MTUS Guidelines recommend Norco for moderate to moderately severe pain. The usual dose is 5/500 mg, 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain. For higher doses of Hydrocodone and acetaminophen, the recommended dose is usually 1 tablet every 4 to 6 hours as needed for pain. Hydrocodone has a recommended maximum dose of 60 mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4 g/24 hours. Regarding opioid management, the guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The injured worker was seen for a clinical examination on 02/13/2014. The assessment provided for review does not indicate an adequate assessment of pain management. The assessment notes the injured worker's pain was recorded at 7/10; however, it is not indicated if this was with or without Norco. The assessment fails to provide functional improvement with use of Norco. The evaluation failed to indicate the injured workers understanding of appropriate use, side effects or the efficacy of Norco. The submitted request does not include a dosage frequency. Therefore, the request for Norco 10/325 mg quantity: 240 is not medically necessary.

CLOMIPRAMINE 75 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for clomipramine 75 mg is non-certified. Clomipramine is a tricyclic antidepressant. The California MTUS Guidelines state tricyclics are generally considered a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The injured worker had an examination on 02/13/2014. The physical exam noted the injured worker had pain rated at 7/10. It does not indicate, however, the efficacy of clomipramine. It does not indicate increased function or changes in the use of other medications sleep quality, or side effects with use of clomipramine. In addition, the provider's request for clomipramine fails to include a frequency and quantity within the request. Therefore, the request for clomipramine 75 mg is not medically necessary.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is non-certified. The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The injured worker had a clinical evaluation on 02/13/2014. It was noted within the assessment that the injured worker has a pain treatment agreement. The last urine drug screen submitted with the documentation for review is dated 05/08/2014. There is no indication the injured worker was misusing her medications or that the provider suspected her of misuse. The medical necessity of a urine drug screen was not established. Therefore, the request for a urine drug screen is not medically necessary.