

Case Number:	CM14-0045691		
Date Assigned:	06/27/2014	Date of Injury:	04/08/2008
Decision Date:	10/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/03/2014

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, and is licensed to practice in Nevada. 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 57 year-old female who was reportedly injured on April 8, 2008. The mechanism of injury is noted as a slip and fall type event. The most recent progress note dated July 7, 2014, indicates that there are ongoing complaints of frequent headaches, constant neck and upper back pain. The physical examination demonstrated a decrease in thoracic spine range of motion, multiple trigger points throughout the cervical spine, and a loss of right shoulder range of motion. Sensory was intact, motor function was slightly reduced and grip strength was reduced bilaterally. Diagnostic imaging studies were not reported. Previous treatment includes shoulder surgery, multiple medications, trigger point injections, physical therapy and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a short acting opioid indicated for the management of controlling moderate to severe pain. However, it is also notes that the lowest possible dose that positively affects the pain level and increases the overall functionality should be used. Based on the physical examination reported, there is no clear indication that there has been any increase in functionality. Therefore, the efficacy of this medication cannot be established. Accordingly, based on the physical examination data presented tempered by the parameters noted in the California Medical Treatment Utilization Schedule the medical necessity of the medication cannot be established.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,105.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if tricyclic anti-depressants are ineffective, poorly tolerated or contraindicated. Review of the available medical records, documents chronic pain however the injury appears to be a myofascial trigger point situation and there is no objectification of a neuropathic lesion. Therefore, the clinical indication of his medication is not established in the progress of reviewed. The medical necessity has not been established.

Remeron 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, antidepressants are indicated for chronic pain unless they are "ineffective, poorly tolerated or contraindicated", in this case, there is no increase in the functionality or decrease in the pain complaints. Therefore, this medication appears to be ineffective. According, the medical necessity has not been established.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates, steps to avoid misuse/addiction and (Substance abuse (tol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) Urinalysis (opiate screening)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 78.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is an option for treating those with chronic pain. There must be a clear clinical indication such as evidence of drug diversion, intoxication, or some other indicator that would evidence poor pain control. Based on the progress notes presented for review none these are present and as such, the medical necessity for such testing has not been established.