

Case Number:	CM14-0052597		
Date Assigned:	09/12/2014	Date of Injury:	01/27/2006
Decision Date:	10/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 01/27/2006. The mechanism of injury was not provided. The documentation of 03/19/2014 revealed the injured worker was having neck and arm pain as well as elbow pain. The injured worker was noted to have trouble remembering the exercises for the neck and was wondering if she could return to physical therapy for 1 or 2 visits to relearn the physical therapy moves. The medications included Norco, trazodone, baclofen, Terocin, omeprazole, Lidoderm patches, Xanax, Promolaxin, Viibryd, and Savella. The injured worker indicated the medications were helpful and well tolerated. The injured worker was utilizing the medications since at least 01/2014. The injured worker's pain was in the neck and trapezius and mainly on the left. The pain was 10/10 without medications and 8/10 with medications. There were no new symptoms or neurological changes. The injured worker was utilizing omeprazole to prevent GI upset and Promolaxin for opioid induced constipation. The physical examination revealed the injured worker had sensation that was diminished in the fourth and fifth fingers bilaterally. There was trigger point tenderness over the left rhomboid, C7-T1 and T1-2 paraspinal muscles and left trapezius. The cervical spine range of motion was reduced in all areas due to pain. There was tenderness in the medial and lateral epicondyle. Diagnoses included chronic pain syndrome, depression, muscle pain, numbness, and anxiety. The treatment plan included physical therapy and a refill of medications. The injured worker was noted to have opiate contract that had been signed a urine toxicology was being performed. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. However, there was a lack of documentation of objective functional benefit. There was documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Desyrel 50 mg #60 is not medically necessary.

Baclofen 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity.Antispasmodic Drugs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. However, there was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for baclofen 10 mg #60 is not medically necessary.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective findings functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating the injured worker had an objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. The injured worker was utilizing the medication for an extended duration of time. Given the above, the request for Norco 10/325 mg #180 is not medically necessary.