

Case Number:	CM14-0054933		
Date Assigned:	07/07/2014	Date of Injury:	08/18/1992
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and 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 injured worker is a 52-year-old female with a date of injury of 09/18/1992. The listed diagnoses per [REDACTED] are: pain in joint involving shoulder region, rotator cuff tear, reflex sympathetic dystrophy of the upper limb, peripheral neuropathy, paresthesia, pain in limb, and back pain. According to progress report 03/12/2014, the patient presents with right shoulder pain and RSD of the right upper extremity. She has left upper extremity pain related to a rotator cuff tear. She also complains of low back and left leg pain with numbness. An examination of the lumbar spine revealed mildly reduced range of motion with mild pain. A straight leg raise test is negative bilaterally. The treating physician recommends patient continues with exercise and stretching at home and is requesting a refill of medications: MS Contin 200mg, Oxycodone 15mg, Concerta 36mg, Nortriptyline 50mg, and Effexor 100mg. A utilization review denied the requests on 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 200mg, #120 (2 every 12 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: This patient presents with right shoulder pain, low back and left leg pain and RSD of the right upper extremity. The treating physician is requesting a refill of MS Contin 200mg #120. Page 78 of MTUS requires "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. Progress reports 10/23/2013 through 03/12/2014 were reviewed. The treating physician in his monthly progress reports, indicates patient continues with pain and requests a refill of medication; however, does not provide any discussion regarding efficacy or functional improvement from taking MS Contin. Furthermore, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Analgesia is not reported using a numerical scale, and pain assessment is not provided. The treating physician also does not include an opiate monitoring such as urine drug screening. Given the lack of documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary.

Oxycodone 15mg, #150 (1 by mouth every 4 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

Decision rationale: This patient presents with right shoulder pain, low back and left leg pain and RSD of the right upper extremity. The treating physician is requesting a refill of Oxycodone 15mg #150. Page 78 of MTUS requires "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. Review of the medical file indicates the patient has been prescribed this medication since at least 10/23/2013. Progress reports 10/23/2013 through 03/12/2014 were reviewed. The treating physician, in his monthly progress reports, indicates patient continues with pain and requests a refill of medication; however, does not provide any discussion regarding efficacy or functional improvement from taking MS Contin. Furthermore, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Analgesia is not reported using a numerical scale, and pain assessment is not provided. The treating physician also does not include an opiate monitoring such as urine drug screening. Therefore, the request is not medically necessary.

Concerta 36mg, #60 (2 by mouth each day): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/concerta.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA MEDICATION GUIDE.

Decision rationale: This patient presents with right shoulder pain, low back and left leg pain and RSD of the right upper extremity. The treating physician is requesting a refill of Concerta 36mg #60. The ACOEM, MTUS, and ODG guidelines do not discuss Concerta. Concerta is a central nervous system stimulant that treats attention-deficit hyperactivity disorder (ADHD) and narcolepsy. In this case, this medication is intended for patients with a diagnosis of ADHD or for the treatment of narcolepsy. Review of progress reports from 10/23/2013 through 03/12/2014 provide no rationale on why this medication is prescribed. The treating physician does not discuss ADHD or narcolepsy in this patient. Therefore, the request is not medically necessary.

Nortriptyline 50mg, #30 (1 at bed time): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15.

Decision rationale: This patient presents with right shoulder pain, low back and left leg pain and RSD of the right upper extremity. The treating physician is requesting a refill of Nortriptyline 50mg #30. Medical records indicate the patient has been prescribed this medication since 11/19/2013. The MTUS guidelines on Antidepressants (pages 13-15) states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent 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. (Saarto-Cochrane, 2005) 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." Although Nortriptyline is recommended as a first line option for neuropathic pain, none of the reports provided for review include "treatment efficacy" which should include pain outcomes, functional evaluation, etc. Therefore, the requested Nortriptyline is not medically necessary.

Effexor 100mg, #30 (1 by mouth each day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTIDEPRESSANTS Page(s): 13-15.

Decision rationale: This patient presents with right shoulder pain, low back and left leg pain and RSD of the right upper extremity. The treating physician is requesting a refill of Effexor 100mg #30. For antidepressants, MTUS guidelines, pages 13 to 15, states that Effexor is FDA approved for anxiety, depression, panic disorder, and social phobia. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the patient does have objective findings of neuropathic pain. However, the treating physician does not discuss the efficacy of this medication. Medical records indicate the patient has been taking this medication since at least 10/23/2013. The MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, the request is not medically necessary.