

Case Number:	CM14-0063064		
Date Assigned:	07/11/2014	Date of Injury:	05/04/2001
Decision Date:	09/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 56 year old female injured on 05/04/01 when she struck the left side of her chest against a protruding platform injuring the left side of her chest. Diagnoses include brachio plexus injury left upper extremity, marked myofascial pain, fear of pain and avoidance of activity, medication dependence, severe depression, chronic pain, and shoulder joint pain. Clinical note dated 02/04/14 indicates the injured worker was 3 weeks into functional restoration program reported feeling much better and participating in more activities of daily living. Documentation indicates improvement in affect and more spontaneous use of left hand. Treatment plan includes increased Paxil dose from 20mg every day to 40mg and continue current medication regimen. Medications include Lyrica, Norco, Paxil, Senna, Famotidine, Amitriptyline, and Omega-3. No objective findings were provided for review. The initial request for Norco 5/325mg tab, 1 tab three times a day #90, Paxil 20mg tablet, take 1 po daily #30 3 refills, Senna 8.6mg tablet, take 1 tablet twice a day #60 3 refills and Lyrica 50mg capsules 1 cap twice a day #60 was initially deemed not medically necessary on 04/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg tab, 1 tab tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 5/325mg tab, 1 tab three times a day #90 cannot be established at this time.

Paxil 20mg tablet, take 1 po daily #30 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, Selective Serotonin Reuptake Inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Documentation indicates the injured worker has been diagnosed or exhibits symptoms associated with depression requiring medication management and has shown improvement associated with medication management. As such, the request for Paxil 20mg tablet, take 1 by mouth daily #30 3 refills is recommended as medically necessary at this time.

Senna 8.6mg tablet, take 1 tablet bid #60 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, Prophylactic Constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do

not recommend the use of medical foods or herbal medicines. As such, the request for Senna 8.6mg tablet, take 1 tablet bid #60 3 refills cannot be recommended as medically necessary.

Lyrica 50mg capsules 1 cap bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for Lyrica 50mg capsules 1 cap twice a day #60 cannot be recommended as medically necessary at this time.