

Case Number:	CM14-0065522		
Date Assigned:	07/11/2014	Date of Injury:	05/11/2005
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 57-year-old female who reported an injury on 05/11/2005. The mechanism of injury was not provided for clinical review. The diagnoses included right carpal tunnel syndrome, left thyroid nodule, degenerative joint disease, status post cervical surgery, and status post right shoulder repair of rotator cuff, headache, depression, and insomnia secondary to chronic pain issues. The previous treatments included medication, Botox injections. The diagnostic testing included EMG/NCV and an MRI. Within the clinical note dated 04/16/2014, it was reported the injured worker complained of neck pain radiating to the right upper extremity, right arm pain, right shoulder pain. The injured worker recently underwent Botox injections which seemed to be helpful. She rated her pain 8/10 without medication and 5/10 to 6/10 with medication. Upon the physical examination, the provider noted the injured worker's reflex of the upper extremity was 2+. She had a negative Hoffmann's, a negative clonus test. The provider indicated the injured worker had a positive Spurling's causing pain down the right upper extremity. The medication regimen included Norco, Prilosec, Lidoderm, Prozac, Ambien, Neurontin, Effexor, and Imitrex. The provider requested for Norco, Prozac, Neurontin, and Effexor to allow the injured worker to be functional. The Request for Authorization was submitted and dated 04/21/014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360 with 4 refills: 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 #360 with 4 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 12/2013. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Prozac 20mg #60 with 4 refills: 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 Antidepressants for chronic pains Page(s): 12, 15.

Decision rationale: The request for Prozac 20 mg #60 with 4 refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Prozac is a selective serotonin and norepinephrine reuptake inhibitor which is FDA approved for anxiety, depression, and diabetic neuropathy and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Neurontin 300mg #180 with 4 refills: 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 Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Neurontin 300 mg #180 with 4 refills is not medically necessary. The California MTUS Guidelines note gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request

submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker is treated diabetic painful neuropathy or postherpetic neuralgia. Therefore, the request is not medically necessary.

Effexor 75mg #60 with 4 refills: 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 Antidepressants for chronic pains Page(s): 13, 16.

Decision rationale: The request for Effexor 75 mg #60 with 4 refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. The guidelines note Effexor is FDA approved for anxiety, depression, panic disorder, and social phobias. The guidelines also note its off label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.