

<b>Case Number:</b>	CM14-0073249		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Texas and Ohio. 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:

This case involves 57 year old female who reported an injury on 02/29/1994 of an unspecified mechanism of injury. She has a history of bilateral arm and neck pain. The diagnosis includes cervical disc degeneration, ulnar neuropathy, lateral epicondylitis, carpal tunnel syndrome, mononeuritis, medial epicondylitis, and brachial neuritis versus radiculitis. No diagnostics submitted for review. The physical examination revealed the following objective findings: cervical revealed a range of motion with flexion at 30 degrees and extension 20 degrees; tenderness and spasms were noted at the paravertebral muscles; motor of 4/5 throughout the upper and lower extremities; sensation was decreased to the entire right hand and digits 1, 2, 3 in the left hand; and deep tendon reflexes were 1+ bilaterally to the upper extremities with a positive Tinel's to bilateral wrist. The medications include Dilaudid 4mg, Prozac 10 mg and Lorazepam. Using the Visual Analog Scale (VAS), the injured worker reported a pain level of 2/10 with medications and a 7/10 without the medications. The treatment plan included renewal of medications. The Request for Authorization dated 07/16/2014 was submitted within the documentation however, the rationale for the Prozac, Dilaudid and Norco was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco page 78 Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines state that Norco/Hydrocodone/Acetaminophen is a short-acting opiate, which is an effective method of controlling chronic, intermittent and break through pain. The guidelines recommend the four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients that are on opioids (e.g. pain relief, side effects, physical and psychosocial and functioning, and the occurrence of any potentially aberrant or non-adherent drug related behavior.) Per the clinical note dated 05/15/2014, the prescription for Norco 10/325mg was discontinued as the injured worker was taking Dilaudid 4 mg. In addition, there was no mention of her taking Norco in the 06/17/2014 clinical notes. Lastly, the request did not address the frequency and duration of the medication. As such, the request is not medically necessary.

**Dilaudid 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine, page 74 and On Going Pain Management page 78 Page(s): 78.

**Decision rationale:** The CA MTUS guidelines recognize Dilaudid as an opioid analgesic that is a class of drug that have a primary indication to relieve symptoms related to pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids (e.g. pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors). The documentation did not provide the 3 of the 4 domains per the 06/17/2014 clinical note and did not address the injured worker's pain level, side effects, or physical functioning. The clinical note addressed that the injured worker had anxiety and irritability which may be related to the Dilaudid. As such, the request for Dilaudid 4 mg is not medically necessary.

**Prozac 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress Chapter.

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

**Decision rationale:** The request for Prozac 10 mg is not medically necessary. The California MTUS Guidelines do not recommend selective serotonin reuptake inhibitors (SSRIs) as a treatment for chronic pain but some SSRI may have a role in treating involuntary and secondary depression. Selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on the noradrenaline, are controversially or based on control trials. It has been suggested that the selective serotonin reuptake inhibitor may be addressing psychological symptoms essentially chronic pain. More information is needed regarding the role of the selective serotonin reuptake inhibitors and pain. Furthermore, selective serotonin reuptake inhibitors have not been shown to be effective for lower back pain. Per of the clinical notes provided, the injured worker was also taking Lorazepam. Furthermore, there was lack of evidence of an assessment of the injured worker's sociological status and no evidence of the efficacy with the prior Prozac treatment. As such, the request is not medically necessary.