

Case Number:	CM14-0080336		
Date Assigned:	07/18/2014	Date of Injury:	10/19/2011
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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:

This 53 year-old patient has a date of injury of 10/19/2011. The mechanism of injury was not noted. In a progress noted dated 4/29/2014, subjective findings included persistent pain and loss of motion in left shoulder. On a physical exam dated 4/29/2014, objective findings included pain with overhead activities, and the patient cannot lift or climb. Diagnostic impression shows osteoarthritis of left shoulder. Treatment to date: medication therapy and behavioral modification. A UR decision dated 5/6/2014 denied the request for Trazodone 50mg #30 x 2, stating there was no documentation to establish the patient has been evaluated by a Psychiatric specialist to establish an underlying psychiatric diagnosis. Norco 10/325 #240 x1 was denied, stating if the patient is requiring Norco q3 hrs, it would indicate a lack of medication efficacy. Naproxen 500mg #60 x 3, was denied also, stating that there is no documentation that lab monitoring of CBC (complete blood count) or chemistry profile including liver and renal function tests were performed, which are recommended periodically for NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #30, 2 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Trazodone.

Decision rationale: MTUS does not address this issue. Official Disability Guidelines (ODG) recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In the reports viewed, there was no discussion of the patient suffering from insomnia or depression. It is unclear what the request for Trazodone was intended for. Therefore, the request for Trazodone 50mg #30, 2 refills is not medically necessary.

Norco 10/325mg, #240, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 and 91-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no objective functional improvement documented with the opioid regimen. Furthermore, there was no evidence of CURE's monitoring, pain contract, or urine drug screens. Therefore, the request for Norco 10/325 #240, 1 refill is not medically necessary.

Naproxen 500mg, #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 70-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports viewed, it was unclear how long the patient had been using Naproxen, and no objective functional measurements were available for review regarding the use of Naproxen. Therefore, the request for Naproxen 500mg #60, 3 refills is not medically necessary.

