

Case Number:	CM14-0089906		
Date Assigned:	07/23/2014	Date of Injury:	11/24/2004
Decision Date:	09/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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. 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 61 year old female who had a work related injury on 11/24/04. While she was driving, someone cut across three lanes in front of her, she grabbed the wheel with both hands, and both feet on the brakes, jerking her whole body forward. A few hours later she began to experience swelling and pain in her left shoulder and back. She was treated with oral medication, physical therapy electrodiagnostic studies. Most recent clinical documentation submitted for review was dated 04/15/14. The injured worker continued to complain of neck and shoulder pain. She had an increase in headaches. She stated that bouncing in a car increased neck pain. Patient has had problems with carpal tunnel. She had surgery on her right thumb in the past. On physical examination, she is alert and conversant with no negative effect of the medications. Splints are on the wrists bilaterally. Ongoing tenderness in the cervical soft tissues is noted. Neck range of motion was limited. Tenderness was present over approximately C3. No change in gait or posture. There was also marked tendon tenderness in the left anterior shoulder. Diagnoses are neck pain, shoulder pain, and headaches are noted. Plan at that time was to refer for surgical consult for neck. Continue medications as before. Prior utilization review on 05/28/14 was modified to initiate weaning with Norco Baclofen and Celexa. Current request was for Norco 10/325 #150, Baclofen 20mg #90, and Celexa 20mg #30. In reviewing clinical records submitted there was no documentation of increased functionality with medication. No visual analogue scale (VAS) scores with and without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

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 VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Prior utilization review on 05/28/14 was modified to initiate weaning of Norco. 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 this medication cannot be established at this time.

Baclofen 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Prior utilization review on 05/28/14 was modified to initiate weaning of Baclofen. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Celexa 20mg #30: 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 Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is no indication in the documentation that the patient has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for this medication cannot be recommended as medically necessary at this time.