

Case Number:	CM14-0208278		
Date Assigned:	12/19/2014	Date of Injury:	11/16/2009
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 44 year old female with a work injury dated 11/6/09. Her diagnoses include cervical spine musculoligamentous sprain/strain; thoracic spine musculoligamentous sprain; lumbar spine musculoligamentous sprain; bilateral shoulder impingement with a left type II acromion and slap tear. She is status post left shoulder arthroscopic decompression with acromioplasty, rotator cuff/labral repair, distal clavicle resection surgery on 11/5/14 for left shoulder impingement and rotator cuff/labral tear; bilateral upper extremity overuse syndrome, tendinitis, DeQuervain's tenosynovitis; left wrist ganglion cyst; bilateral cubital tunnel syndrome (dynamic); bilateral dynamic carpal tunnel release/ganglion cyst excision; sleep complaints. Under consideration are requests for post-operative Norco 10/325mg #60 and Remeron 15mg #30. There is a 10/27/14 primary treating physician report (PR-2) that states that the patient complains of worsening left shoulder pain. The patient has low back pain increased with bending, stooping, sitting and standing. The patient's condition is worsening. The pain is a 7-8/10. The patient's left shoulder reveals tenderness to palpation over the subacromial region, supraspinatus tendon, acromioclavicular and periscapular muscles. Impingement and cross arm test are positive. There is no laxity. The left shoulder range of motion is decreased with increased pain in all planes of motion. The patient's lumbar spine exam revealed tenderness to palpation over the bilateral paravertebral musculature, lumbosacral junction and bilateral sacroiliac joints. The straight leg raise is negative but elicits increased low back pain. Kemp test is positive bilaterally. The sacroiliac test is positive bilaterally. The range of motion of the lumbar spine is decreased and painful in all planes of motion. The diagnoses were as noted above and the treatment plan includes pending left shoulder surgery on 11/5/14 and requests for post-surgery medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Norco 10/235mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: Post-operative Norco 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Utilization review dated 11/10/14 already approved Norco 2.5/325mg QTY 60. Norco is recommended for moderate to severe pain. Without evaluation of the patient's post op pain levels or clear need for additional Norco or how often the patient will take this medication (in conjunction with the Norco already approved) additional Norco cannot be recommended. The MTUS states that for Hydrocodone/Acetaminophen the usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. This request is not medically necessary. Without evaluation of the patient's post op pain levels or clear need for additional Norco or how often the patient will take this medication (in conjunction with the Norco already approved) additional Norco cannot be recommended and is not medically necessary.

Remeron 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain--insomnia treatment.

Decision rationale: Remeron 15mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not address Remeron but does address. The documentation indicates that this was prescribed for insomnia. The ODG states that sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia), but they may be an option in patients with coexisting depression. The MTUS does state that whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to

justify continued treatment The documentation indicates that the patient has been on Remeron. There is no recent documentation of efficacy of Remeron use on patient's sleep or mood. The request for continued Remeron is not medically necessary.