

Case Number:	CM14-0208556		
Date Assigned:	12/22/2014	Date of Injury:	09/28/2009
Decision Date:	02/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient sustained an injury on 9/28/09 while employed by [REDACTED]. Request(s) under consideration include Hydrocodone 5/325mg #60 with 5 refills, Trazodone 50mg #30 with 5 refills, and Zoloft 50mg #60 with 5 refills. Diagnoses include Shoulder hand syndrome/ CRPS type I/ RSD of upper limb. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/3/14 from the provider noted continued chronic pain in upper extremity with disrupted sleep since date of injury but better with medication. The patient was doing pool therapy with good results. Pain persists in the right upper extremity from shoulder to hand with associated guarding, hypersensitivity to touch, joint tenderness in the wrist with joint stiffness of the right interphalangeal digits. Exam showed unchanged findings of constant movement of right ring finger when glove not in place; not able to fully extend right ring finger or right elbow. The patient has been attending aquatic therapy and was more consistent with doing home exercise program. Treatment plan included continued aquatic therapy. The request(s) for Hydrocodone 5/325mg #60 with 5 refills, Trazodone 50mg #30 with 5 refills, and Zoloft 50mg #60 with 5 refills non-certified on 12/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone 5/325mg #60 with 5 refills is not medically necessary and appropriate.

Trazodone 50mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury. Trazodone 50mg #30 with 5 refills is not medically necessary and appropriate.

Zoloft 50mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2009 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Zoloft 50mg #60 with 5 refills is not medically necessary and appropriate.