

Case Number:	CM14-0062169		
Date Assigned:	07/11/2014	Date of Injury:	12/03/2003
Decision Date:	12/03/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 41 year old female who sustained an industrial injury on 12-03-2003. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder supraspinatus tendinosis, left ulnar neuropathy and chronic cervical pain. The injured worker is status post anterior C3-C4 discectomy and fusion in 03-04-2013. According to the treating physician's progress report on 03-11-2014, the injured worker continues to experience neck, right shoulder and right arm pain from the elbow down. The injured worker rated her neck pain as 9 out of 10 without medications down to 5-6 with medications; the right forearm pain was 10 out of 10 down to 1 out of 10 with medications and the right shoulder pain 5-7 down to 1 out of 10 on the pain scale with medications. There were no side effects or aberrant behavior from medications reported. Examination demonstrated tenderness to the cervical paraspinal muscles, greater on the left throughout the left shoulder, acromioclavicular joint and left epicondyle. Prior treatments have included diagnostic testing, surgery, physical therapy, Toradol intramuscularly, home exercises and medications. Current medications were listed as Norco, Neurontin, Baclofen, Elavil, Valium and Prozac. The injured worker has been on these medications for at least 6 months and currently working with restrictions. Treatment plan consists of the current request for (Retro DOS: 3-11-14) Baclofen 10mg #60.00, (Retro DOS: 3-11-14) Norco 10mg-325mg #360 and (Retro DOS: 3-11-14) Prozac 30mg #60. On 04-18-2014 the Utilization Review determined the request for (Retro DOS: 3-11-14) Baclofen 10mg #60.00 was not medically necessary and modified the request for (Retro DOS: 3-11-14) Norco 10mg-325mg #360 to Norco 10mg-325mg #60 and (Retro DOS: 3-11-14) Prozac 30mg #60 to Prozac 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 3/11/14 Norco 10/325mg QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 10/10 to a 1/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

(Retro DOS: 3/11/14) Prozac 30mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The California MTUS section on SSRIs and chronic pain states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. The patient does have chronic neuropathic pain that remains symptomatic however there is no documented evidence of failure of first line antidepressants for the treatment of neuropathic pain. Therefore, the request is not medically necessary.

(Retro DOS: 3/11/14) Baclofen 10mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing shoulder and neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.