

Case Number:	CM15-0004189		
Date Assigned:	01/15/2015	Date of Injury:	07/06/2009
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 53 year old male who sustained an industrial injury on 7/6/2009. He has reported pain in bilateral shoulders and left wrist. The diagnoses have included repair of bilateral rotator cuff tears, fracture of the left wrist and chronic pain syndrome. Treatment to date has included bilateral repair of rotator cuff tears, medications, physical therapy, braces, and wrist injections. An examination dated 11/6/2014 documents the injured worker complains of severe, unbearable pain in the shoulder and left wrist with sharp and shooting pain. The treating provider noted tenderness along both shoulders and positive impingement signs and good range of motion. The treating provider also documents that two drug screen were negative despite the IW report of taking his medications as prescribed. The provider additionally documented the IW was not getting adequate relief from his medications. A follow-up appointment dated 12/12/14 documents the IW requesting increasing dosage of medications although they continue to be ineffective. The IW declined referral for additional surgery, injections, or physical therapy stating lack of improvement following previous treatments. The IW remained out of work. On 12/24/2014 Utilization Review non-certified Norco, Topamax, Trazadone, urine drug screen, and Norco citing the CA MTUS Chronic Pain Treatment Guidelines.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81; 91-92.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on opiate analgesia, Norco, for over 12 months according to the chart documentation. The IW is requesting increasing doses as the medication is reported to ineffective in treating his pain. The IW does not report any improvement of his pain, nor has he returned to any of his recreational activities or work. The documentation does not support functional improvement which is necessary to support ongoing use of opiate medications. Additionally, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Topamax 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate, Anti-epilepsy drugs Page(s): 113; 21-22.

Decision rationale: CA MTUS chronic pain guidelines recommend the use of topiramate for chronic pain, but reports variable efficacy with its use. Guidelines further report failure of relief of neuropathic pain with this medication. The treatment plan outline by the requesting provider states "Topamax for neuropathic pain." The request does not include dosing frequency or duration. As MTUS guidelines specifically state this medication fails to demonstrate efficacy for neuropathic pain, the request is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additionally, testing is recommended for ongoing monitoring and compliance with prescription medication. The IW had urine drug test completed 2 times in the previous 5 months that revealed completely negative screens, despite the IW report of taking prescribed opiates. There was no documentation to support request for increasing number or strength of opiate medications or for early refills. The request for a urine drug screen is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81; 91-92.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on opiate analgesia, Norco, for over 12 months according to the chart documentation. The IW is requesting increasing doses as the medication is reported to ineffective in treating his pain. The IW does not report any improvement of his pain, nor has he returned to any of his recreational activities or work. The documentation does not support functional improvement which is necessary to support ongoing use of opiate medications. Additionally, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.