

Case Number:	CM15-0104062		
Date Assigned:	06/08/2015	Date of Injury:	06/29/2012
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/30/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 46 year old female who sustained an industrial injury on June 29, 2012. She has reported neck pain and shoulder pain and has been diagnosed with neck pain, right shoulder pain, right shoulder adhesive capsulitis, and possibility of right carpal tunnel syndrome. Treatment has included medications, medical imaging, chiropractic care, and physical therapy. There were spasms noted in the cervical paraspinal muscles. Trigger points noted in the cervical paraspinal and bilateral shoulder region muscles with referred pain and twitch response. There was tenderness noted in the right acromioclavicular joint more so than the glenohumeral joint. Range of motion showed increased pain. The treatment request includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: According to the Official Disability Guidelines, amitriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. The patient continues to have pain and tapering of this first-line agent is not recommended at this time. I am reversing the previous UR decision. Nortriptyline 10 MG #30 is medically necessary.

Norco 5/325 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 5/325 MG #45 is not medically necessary.

Voltaren Gel 1 Percent: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren® Gel (diclofenac).

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren Gel 1 Percent is not medically necessary.