MAXIMUS Federal Services

Case Number:	CM15-0104604		
Date Assigned:	06/08/2015	Date of Injury:	03/29/2010
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 3/29/10. The diagnoses have included left shoulder degenerative joint disease (DJD), left shoulder impingement syndrome status post repair, and left bicipital tendinitis. Treatment to date has included medications, activity modifications, off work, conservative care, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 2/27/15, the injured worker reports some improvement in the left shoulder pain but still has constant pain in the left shoulder. The pain is over the anterior shoulder in the area of the scar. The pain is rated 6/10 on pain scale without the medications and 3/10 on pain scale with medications. She states that she wants to get off her medications and improve her function. She is interested in a Functional Restoration Program. The objective findings reveal limited range of motion in flexion of the left shoulder to 160 degrees and abduction to 160 degrees limited due to pain. There is tenderness over the left shoulder and very limited internal and external rotation. The current medications included Norco, Cymbalta, Restoril, Gralise and Abilify. The urine drug screen dated 3/27/15 was inconsistent with the prescribed medications. Work status is off work until next visit. The physician requested treatments included Norco 10/325 mg #150, Restoril 30 mg #60 and Abilify 5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in March 2010 and underwent a left shoulder arthroplasty. Medications are referenced as decreasing pain from 6/10 to 3/10 and allowing participation in physical therapy treatments. When seen, there was decreased shoulder range of motion with pain and shoulder tenderness. Medications being prescribed included Norco at a total MED (morphine equivalent dose) of 50 mg per day. Restoril was being prescribed. Abilify and Cymbalta were being prescribed for pain and depression. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and allowing for participation in physical therapy following her shoulder replacement surgery. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Restoril 30 mg #60: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Benzodiazepines Page(s): 24.

Decision rationale: The claimant sustained a work injury in March 2010 and underwent a left shoulder arthroplasty. Medications are referenced as decreasing pain from 6/10 to 3/10 and allowing participation in physical therapy treatments. When seen, there was decreased shoulder range of motion with pain and shoulder tenderness. Medications being prescribed included Norco at a total MED (morphine equivalent dose) of 50 mg per day. Restoril was being prescribed. Abilify and Cymbalta were being prescribed for pain and depression. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long- term users. Therefore, the ongoing prescribing of Restoril is not medically necessary.

Abilify 5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; http://www.webmd..com/drugs/drug-64439-Abilify+Oral,aspx?drug=64439&drugname_Abilify+Oral.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress Aripiprazole (Abilify) (2) Mental Illness & Stress Antidepressants for treatment of MDD (major depressive disorder) and Other Medical Treatment Guidelines Cymbalta Prescribing Information.

Decision rationale: The claimant sustained a work injury in March 2010 and underwent a left shoulder arthroplasty. Medications are referenced as decreasing pain from 6/10 to 3/10 and allowing participation in physical therapy treatments. When seen, there was decreased shoulder range of motion with pain and shoulder tenderness. Medications being prescribed included Norco at a total MED (morphine equivalent dose) of 50 mg per day. Restoril was being prescribed. Abilify and Cymbalta were being prescribed for pain and depression. Aripiprazole (Abilify) is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not recommended as a first-line treatment. In this case, the claimant is already taking Cymbalta for depression but not at a maximum dose and therefore the need for an additional agent is not established. Additionally, the claimant does not have a diagnosis of major depressive disorder. Therefore, Abilify was not medically necessary.