

Case Number:	CM15-0130011		
Date Assigned:	07/16/2015	Date of Injury:	07/08/2004
Decision Date:	09/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Anesthesiology

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 52 year old female, who sustained an industrial injury on July 8, 2004. She reported right upper extremity pain. The injured worker was diagnosed as having status post right subacromial decompression and intractable pain. Treatment to date has included medications and surgical intervention. Currently, the injured worker complains of continued right upper extremity tenderness. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 22, 2014, revealed continued right upper extremity tenderness. It was noted she was doing well with medications and there were no aberrant behaviors. No pain scale was provided. Evaluation on February 23, 2015, revealed continued pain as noted. She rated her pain at 10 out of 10 on a 1-10 scale with 10 being the worst without medications and 3-4 on a 1-10 scale with medications. Evaluation on May 10, 2015, revealed continued pain as noted with associated forearm numbness that was worsening. It was noted her pain without medications was rated at a 10 out of 10 on a 1-10 scale with 10 being the worst and at a 3-4/10 with medications. Amitriptyline TID, Norco QID, Soma TID and MS Contin BID were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco qid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state 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. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. In addition, the dose is unclear in the request and there is no quantity noted. For these reasons, the request for Norco QID is not medically necessary.

MS Contin bid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California (CA) MTUS Guidelines MS Contin is an opioid medication. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. During the extended period of time the injured worker used MS Contin, no functional improvement, improved pain or increase in activity level was documented. In addition, it was noted the injured worker continued to have persistent pain during the period of time while using MS Contin. The injured worker continued to consistently rate pain at a 3-4/10 after several months of using MS Contin. Furthermore, there was no specific quantity noted in the request. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Amitriptyline tid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

Decision rationale: According to the ODG, tricyclic antidepressants, such as Amitriptyline (Elavil) are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. There is no noted functional improvement in pain according to the noted visual analog scales (VAS). In addition, this request does not include a quantity. Medical necessity for the requested medication has not been established. The medication is not medically necessary.

Soma tid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

Decision rationale: Per the California (CA) MTUS Chronic Pain Medical Treatment Guidelines, Soma (Carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months with no noted improvement in pain, activity level or functioning. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. In addition, no dose was included in the treatment plan. For these reasons, the request for Soma TID is not medically necessary.