

Case Number:	CM15-0188392		
Date Assigned:	09/30/2015	Date of Injury:	01/04/2001
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This injured worker is a 63 year old female who reported an industrial injury on 1-4-2001. Her diagnoses, and or impressions, were noted to include chronic left shoulder pain due to degenerative osteoarthritis and myofascial pain syndrome; pain disorder with psychological-general medical condition; and persistent insomnia due to chronic pain. No imaging studies were noted. Her treatments were noted to include chiropractic treatments - very effective; medication management with toxicology screenings; and modified work duties. The progress report of 8-28-2015 noted complaints which included: chronic left shoulder pain and that chiropractic treatments were the most effective therapy; that her pain had both nociceptive and affective components; that she had completed a course of behavioral medication in the past; that she had partial pain relief with her current analgesic medicines which helped her maximize her level of physical function and improve her quality of life. The objective findings were noted to include: that she continued with pain that to some degree interfered with her level of physical activity; and that her current medication regimen of Methadone 10 mg, #120 (12-30-14); Norco 10-325 mg, #180 (12-1-14); Lorazepam 2 mg, #30 (12-1-14) was the most effective analgesic medication regimen to date; that she tried and failed Lortab; and that her activities of daily living improved by approximately 50%, she had improved home exercise and quality of sleep, and improved physical function after improved pain control from her analgesic medications. The physician's requests for treatment were noted to include the continuation of her current analgesic medications for pain control, and a behavioral medicine consultation for evaluation and treatment of affective-emotional pain component. The Request for Authorization for 12

chiropractic treatments for the left shoulder; behavioral medicine consultation; Ibuprofen, Amitriptyline; and modified the requests for Norco 10-325 mg #60 and Lorazepam 2 mg #30 for weaning was not noted in the medical records provided. The Utilization Review of 9-9-2015 non-certified the request for: 12 chiropractic treatments for the left shoulder; behavioral medicine consultation; Ibuprofen, Amitriptyline; and modified the requests for Norco 10-325 mg #60 and Lorazepam 2 mg #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment times 12 visits for the left shoulder: 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): Manual therapy & manipulation.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. Chiropractic treatment times 12 visits for the left shoulder is not medically necessary.

Ibuprofen: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. The request is non-specific for dose, sig, and amount of medication; consequently, Ibuprofen is not medically necessary.

Referral to behavioral medicine for consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management , with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Referral to behavioral medicine for consultation is not medically necessary.

Amitriptyline: Upheld

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

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

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. There is no documentation supporting any functional improvement with the continued long-term use of Amitriptyline. The request is non-specific for dose, sig, and amount of medication; consequently, Amitriptyline is not medically necessary.

Norco 10/325 mg: Overturned

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: Guidelines state that Norco is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Norco as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. I am reversing the previous utilization review decision. Norco 10/325 mg is medically necessary.

Lorazepam 2 mg: 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): Benzodiazepines.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking lorazepam for an extended period of time. Lorazepam 2 mg is not medically necessary.