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| Case Number: | CM15-0194595 | | |
| Date Assigned: | 11/03/2015 | Date of Injury: | 04/08/2008 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male, who sustained an industrial injury on 4-8-08. He reported pain in the head and right shoulder. The injured worker was diagnosed as having posttraumatic headaches with cognitive dysfunction and dizziness, status post right rotator cuff surgery x2, bilateral carpal tunnel syndrome, chronic myofascial pain syndrome in the cervicothoracic spine, abnormal MRI of the right shoulder dated 1-14-15 showing complete rotator cuff tear and secondary injury of the left shoulder with complete tear of rotator cuff due to over use. Treatment to date has included shoulder surgery x2, physical therapy, trigger point injections, and medication including Norco, Remeron, and Prozac. Physical exam findings on 9-24-15 included restricted cervical range of motion, multiple myofascial trigger points and taut bands in the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus, and interscapular as well as thoracic paraspinal musculature on the right. Right shoulder range of motion was decreased in all directions and sensation to fine touch and pinprick was decreased in the lateral and posterior aspect of the left arm. On 8-27-15 pain was rated as 6-7 of 10 without medication and 1-2 of 10 with medication. On 8-27-15 the treating physician noted medications "allow him to perform activities of daily living with greater ease, such as sitting, walking, bending, bathing, cooking, sleeping, and socializing." The injured worker had been taking Norco since at least 2012 and Prozac since at least February 2015. On 9-24-15, the injured worker complained of headaches and pain in the neck and upper back rated as 6-8 of 10 without medication. Right shoulder pain was rated as 6 of 10 without medication. Pain was rated as 2 of 10 with medication. The injured worker also complained of feeling depressed and anxious with

sleeping problems. On 8-27-15 the treating physician requested authorization for Norco 10-325mg #135 and Prozac 20mg #60. On 9-29-15 the request for Norco was modified to certify a quantity of 68 and Prozac was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: With regard to the request for Norco the guidelines recommend the smallest dose for the shortest period of time as a second line analgesic after antiepileptics and antidepressants. The documentation provided does not indicate use of the first line analgesics and associated failure. As such, long-term use of Norco is not recommended. Utilization review has modified the request to allow for weaning. Therefore the request for Norco 10/325 mg #135 is not medically necessary.

Prozac 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Selective serotonin reuptake inhibitors are not recommended as a treatment for chronic pain. The documentation submitted indicates that prior request for Prozac were modified to allow for weaning in light of a long history of an antidepressant use without reported benefits. The prior authorization included enough time and quantity for weaning. As such additional request for Prozac 20mg #60 is not medically necessary.