

Case Number:	CM15-0213294		
Date Assigned:	11/03/2015	Date of Injury:	01/02/2006
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic wrist, hand, and shoulder pain reportedly associated with an industrial injury of January 2, 2006. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for Norco and Paxil. The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On November 11, 2015, the applicant was placed off of work, on total temporary disability. The applicant had undergone earlier knee surgery at an unspecified amount in time, the treating provider reported. Ancillary complaints of low back and shoulder pain were reported. Medication selection and medication efficacy were not seemingly discussed or detailed. On October 21, 2015, the applicant was placed off of work, on total temporary disability. Paxil, Zofran, Ambien, and Norco were all seemingly endorsed. Little seeming discussion of medication efficacy transpired, although the attending provider stated in one section of the note that the applicant had achieved 30% to 40% reduction in pain scores with medication consumption. The attending provider contented that the applicant's ability to perform grooming and unspecified chores had ameliorated as a result of ongoing medication consumption but did not elaborate further. Little to no discussion transpired insofar as the applicant's mental health issues were concerned. On September 25, 2015, the applicant was, once again, placed off of work, on total temporary disability. Ambien, Paxil, and Norco were all renewed in a highly templated fashion. The note did not contain much applicant-specific information, comprised largely of cited guidelines and was essentially identical to a subsequent note dated October 21, 2015. Once again, the treating provider contended that the applicant was deriving a 30% to 40% reduction in pain scores with ongoing medication consumption. The applicant's mental health issues were not clearly described or characterized. The treating provider stated that the applicant's ability to perform grooming and unspecified household chores was ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 with 5 refills: 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): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on the September 25, 2015 office visit at issue. While the treating provider stated that the applicant's medications were beneficial in terms of reducing the applicant's pain scores, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary to the fact that the applicant's ability to perform self-grooming and household chores in unspecified amounts with ongoing medication consumption did not constitute evidence of a substantive improvement in function achieved as a result of ongoing Norco usage and was, as of previous, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.

Paxil 20 mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Paxil, an SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that antidepressants such as Paxil often take "weeks" to exert their maximal effect, here, however, the applicant had been on Paxil for a minimum of several months prior to the date in question. A September 25, 2015 office visit failed to outline meaningful improvements in mood or function achieved as a result of ongoing Paxil usage. Ongoing usage of Paxil failed to curtail the applicant's dependence on sedative agents such as Ambien. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Paxil. Therefore, the request was not medically necessary.