

Case Number:	CM15-0057644		
Date Assigned:	04/02/2015	Date of Injury:	02/15/2007
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 02/15/2007. The mechanism of injury was not specifically stated. The current diagnoses include chronic regional syndrome involving the right upper extremity, chronic neck pain, persistent low back pain, right shoulder pain, and depression/anxiety. The injured worker presented on 02/17/2015 for a followup evaluation regarding the right upper extremity. The injured worker was utilizing Norco 10/325 mg, Neurontin 600 mg, Ultracet, and amitriptyline 10 mg. The injured worker reported an improvement in symptoms with the current medication regimen. Upon examination there was tenderness to palpation over the shoulder girdle area, upper and lower trapezius tenderness, full range of motion of the right shoulder, hypersensitivity over the radial aspect of the right wrist, and significantly decreased grip strength on the right when compared to the left. Treatment recommendations at that time included continuation of the current medication regimen as well as the home exercise program. A Request For Authorization form was then submitted on 02/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There is no evidence of a failure of nonopioid analgesics. Recent urine toxicology reports documenting evidence of the injured worker compliance and nonaberrant behavior were not provided. There is also no documentation of a written consent or agreement for the chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Norco 10/325mg qty: 60 do not fill until 3/17/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There is no evidence of a failure of nonopioid analgesics. Recent urine toxicology reports documenting evidence of the injured worker compliance and nonaberrant behavior were not provided. There is also no documentation of a written consent or agreement for the chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Neuronin 600mg qty: 90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. It is noted that the injured worker is diagnosed with complex regional pain

syndrome involving the right upper extremity. However, it is also noted that the injured worker has utilized Neurontin since at least 06/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Ultracet 37.5/325mg qty: 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There is no evidence of a failure of nonopioid analgesics. Recent urine toxicology reports documenting evidence of the injured worker compliance and nonaberrant behavior were not provided. There is also no documentation of a written consent or agreement for the chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Amitriptyline 10 mg qty: 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines recommend amitriptyline for treatment of neuropathic pain. In this case, the injured worker has continuously utilized amitriptyline 10 mg since at least 06/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. In addition, there is no frequency listed in the request. Therefore, the request is not medically appropriate at this time.