

<b>Case Number:</b>	CM15-0083300		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 35 year old female who sustained an industrial injury on June 19, 2010. Previous treatment includes home exercise program and medications. Currently the injured worker complains of pain in the left side of her head, left side of the neck, left arm pain and pain in the left side of the upper, mid and lower back. She reports the pain as an 8 on a 10-point scale and reports that it is unchanged. The injured worker noted she has anxiety and depression and her social activity level has decreased. She reports no changes in her activities of daily living and has not returned to work. The documentation does not provide evidence of functional improvement related to use of Norco in terms of a return to work or improvement with activities of daily living. Diagnoses associated with the request include shoulder pain, rheumatoid arthritis, chronic pain syndrome and rotator cuff disorders. The treatment plan includes medications to include Norco, Methotrexate, Naproxen, Xanax and Cymbalta; MRI of the left shoulder, continued rheumatologic treatment, pain management evaluation, trial of acupuncture, and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restart treatment with psychiatrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-402.

**Decision rationale:** This worker who is on Cymbalta, an anti-depressant complains of depression and anxiety. Her PHQ-9 was 19 which is consistent with moderate to severe depression. The MTUS recommends referral to a specialist for serious conditions such as severe depression, mild depression lasting longer than 6-8 weeks and when anti-depressants are needed especially for a prolonged period of time. Continued ongoing psychiatric management for this worker is medically necessary.

**Trial acupuncture for left shoulder qty: 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This worker has had previous acupuncture and the record states it provided relief from her pain. The available record does not indicate how many acupuncture treatments were previously provided, what the duration was, or if there was any functional improvement. According to the MTUS acupuncture treatments may be extended if functional improvement is documented. In this case, there is no documentation of functional improvement in response to acupuncture to justify the medical necessity of additional acupuncture. Therefore the request is not medically necessary.

**Norco 10-325mg qty: 120.00:** Upheld

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

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

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function. In this case, there is sufficient documentation of analgesia, lack of side effects and aberrant behavior to justify the continued

prescription of Norco but there is not adequate documentation of functional improvement. There is a statement in the record "She reported continued functional benefit with her pain meds." but this is not an adequate measurable expression of function with and without pain medications to substantiate a functional benefit from the Norco and therefore the continued use of Norco is not medically necessary and appropriate.