

Case Number:	CM14-0133460		
Date Assigned:	08/25/2014	Date of Injury:	02/25/2012
Decision Date:	09/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury on 02/25/2012. The mechanism of injury was not noted within the documentation submitted for review. The diagnosis was noted to be bilateral carpal tunnel syndrome; cervical strain; bilateral shoulder impingement; and anxiety/stress. Prior treatment was noted to be therapy and medications. Diagnostics and surgical history were not reported. A primary treating physician's report dated 06/13/2014 notes subjective complaints of bilateral wrist pain, as well as pain radiating down to the wrist with burning sensation and tingling sensation. Physical examination findings noted tenderness with palpation at the trapezius and interscapular musculature and the cervical paravertebral. There was no evidence of radiating pain to the upper extremities on cervical motion. Palpation over the acromioclavicular joint and greater tuberosity of the shoulder was painless. There was no tenderness in the subacromial space of the shoulder to palpation. There was tenderness noted at the extensor compartment bilaterally to the wrist. There was pain with range of motion in the bilateral wrist for flexion, extension, ulnar, and radial deviation on both sides, worse on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The request for Percocet 5/325mg #45 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not contain an adequate pain assessment for a patient on opioid therapy. A pain assessment should include: current pain; the least reported pain or 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 lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. In addition to an inadequate pain assessment, the provider's request fails to indicate a dosage frequency. Therefore, the request for Percocet 5/325mg #45 is not medically necessary.

Celexa 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for Celexa 20mg #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain, but they may have a role in treating secondary depression. The documentation provided for review notes the addition of the medication Celexa is for neuropathic pain, as well as depression. However, the clinical documentation does not provide symptoms of depression or complaints of depression. The guidelines do not note SSRIs for neuropathic pain. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Celexa 20mg #30 is not medically necessary.