

Case Number:	CM14-0147920		
Date Assigned:	09/15/2014	Date of Injury:	09/02/1998
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/11/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old male was reportedly injured on September 2, 1998. The mechanism of injury is noted as a crushing injury type event involving the hand and shoulder. The most recent progress note, dated July 30, 2014, indicates that there are ongoing complaints of neck pain radiating into both shoulders, is also shoulder and left wrist pain. The physical examination demonstrated a partial amputation of the tips of 2 fingers in the left hand, a reduced right shoulder range of motion, and difficulty with strength. Decreased sensation is noted in the C6 dermatome. Diagnostic imaging studies objectified the changes to the distal digits secondary to the application and evidence of the surgical intervention into the shoulder. Previous treatment includes physical therapy, rehabilitation, surgical intervention, multiple medications and pain management interventions. A request had been made for additional physical therapy and was denied in the pre-authorization process on August 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: When noting the date of injury, the injury sustained, the multiple interventions of physical therapy and rehabilitation tempered by the most recent physical examination reported there is no data presented to suggest anything other than a home exercise protocol would be supported. When noting the parameters outlined in the ACOEM guidelines, home exercise is supported. As such, this is not medically necessary.

Norflex 100mg # 60 refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Orphenadrine is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.

Paxil 20mg # 30 refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

Decision rationale: Selective Serotonin Reuptake Inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Zoloft, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.

Norco 5mg # 60 refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. There is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Prilosec 20mg # 60 refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. However, the progress notes did not indicate any complaints of gastrointestinal distress, gastritis, and there are no physical examination findings to suggest there is a clinical indication for this medication. Therefore, this request is not medically necessary.

Ambien 5mg # 30 refills 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated October, 2009

Decision rationale: MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting Non-Benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, when noting this is being prescribed on a chronic, indefinite or long-term basis without specific amelioration symptomology it is clear that this request is not medically necessary.