

Case Number:	CM14-0156133		
Date Assigned:	09/25/2014	Date of Injury:	03/24/2011
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 42-year-old female with a 3/24/11 date of injury. At the time (8/29/14) of request for authorization for Lexapro 10mg #30 and Norco 10/325mg #60, there is documentation of subjective (bilateral knee pain, pain rated 9/10; depressive symptoms) and objective (restricted knee range of motion by pain, 4/5 muscle strength on knee flexion, extension, and tibialis anterior, decreased sensation over the L4, L5, and S1 dermatomes) findings, current diagnoses (pain in joint of lower leg, arthropathy not otherwise specified of lower leg), and treatment to date (activity modification, therapy, and medications (including ongoing use of Norco since at least 3/14)). 8/21/14 medical report identifies that the patient shows no evidence of developing medication dependency and that medications helped. Regarding the requested Norco 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin re uptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of pain in joint of lower leg and arthropathy not otherwise specified of lower leg. In addition, there is documentation of chronic pain and depressive symptoms. Therefore, based on guidelines and a review of the evidence, the request for Lexapro 10mg #30 is medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in joint of lower leg and arthropathy not otherwise specified of lower leg. In addition, there is documentation that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. In addition, given medical records reflecting prescription for Norco since at least 3/14 and despite documentation that medication help, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

