MAXIMUS Federal Services

Case Number:	CM14-0175049		
Date Assigned:	10/28/2014	Date of Injury:	11/30/2009
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with an injury date of 11/30/09. Based on the 08/19/14 QME report provided by [redacted] the patient complains of neck and upper back pain rated 8/10 and shoulder pain rated 7-8/10. Physical examination of the cervical spine revealed tenderness to palpation at C6-7 to T2-3 and mild tenderness of lateral cervical paraspinal muscles. Adson's and Roo's maneuvers were negative. The patient has sleep disturbance, severe depression and anxiety. Hydrocodone alleviates her pain, but does not completely resolve it. Patient is also on Piroxicam, Omeprazole and Nortriptyline. [redacted] has been recommending psychological consultation for referral for cognitive behavioral therapy and behavioral pain management, given her depressive and anxiety symptoms and poor coping with her pain and condition. Patient has been on Nortriptyline, which does help with some of her sleep disturbance. She underwent postoperative physical therapy for 24 sessions after 06/27/12 biceps tendon release procedure. Patient is permanent and stationary. Diagnosis 08/19/14- Right rotator cuff tear supraspinatus and infraspinatus glenoid degeneration, adhesive capsulitis- status post 08/30/0 right shoulder arthroscopy with arthroscopy rotator cuff repair, arthroscopic glenohumeral debridement, synovectomy, partiallabral resection, and subacromial decompression- retear of labrum and rotator cuff tear;- status post 06/27/12 biceps tendon release, torn glenohumeral debridement of open rotator cuff tear with acromioplasty, distal clavicle excision, and long head biceps tenotomy - Right adhesive capsulitis, bicipital tendinitis chronic shoulder pains- Left bicipital tendonitis with chronic shoulder pains, h/o prior left shoulder arthroscopy.- Chronic cervicalgia and myofascial pains.- Right C5 radiculopathy- DepressionThe utilization review determination being challenged is dated 10/09/14. The rationale follows:1) PAMELOR 75MG ONE TAB AT NIGHT: "no indication of medication

compliance."2) PIROXICAM 20MG ONE TAB DAILY: "no indication of medication compliance."3) PRILOSEC 20MG ONE TO TWO TABS DAILY: "no indication of medication compliance."4) NORCO 7.5/325MG ONE TAB THREE TIMES DAILY #90: "no indication of medication compliance."[redacted] is the requesting provider and he provided QME report dated 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 75 mg one tab at night: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressant Page(s): 13-15.

Decision rationale: Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." QME report dated 08/19/14 states that "[redacted] has been recommending psychological consultation for referral for cognitive behavioral therapy and behavioral pain management, given her depressive and anxiety symptoms and poor coping with her pain and condition. Patient has been on Nortriptyline, which does help with some of her sleep disturbance." Treating physician indicates that Pamelor helps the patient sleep. Given the patient's pain symptoms and depression, the request appears reasonable and inline with MTUS. Recommendation is for medically necessary.

Piroxicam 20 mg one tab daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of provided QME report does not show documentation of functional benefit or pain reduction from Piroxicam. Treating physician has not provided discussion of medication efficacy. There is

insufficient documentation to make a decision based on guidelines. Recommendation is for not medically necessary.

Prilosec 20 mg one to two tabs daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaids, GI symptoms and cardiovascular risks Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Patient has been treated with Piroxicam, however there is no mention of dyspepsia secondary to NSAID therapy. Review of provided QME report does not show evidence of gastric problems that would require treatment with PPI's. Furthermore, there is no GI risk assessment for prophylactic use of PPI as required by MTUS. Recommendation is for not medically necessary.

Norco 7.5/325 mg mg one tab three times per day # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; OPIOIDS Page(s): 60-61; 88-89; 76-78.

Decision rationale: For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument."QME report dated 08/19/14 states that "Hydrocodone alleviates her pain, but does not completely resolve it." In this case, treating physician has not stated how Hydrocodone significantly improves the patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for not medically necessary.