

Case Number:	CM15-0013142		
Date Assigned:	01/30/2015	Date of Injury:	08/07/2001
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female who sustained an industrial injury on 08/07/2001. She has pain in her left neck and left shoulder. She is status-post rotator cuff surgery x 3 on the left and x 2 on the right. Diagnoses include cervical degenerative disc disease, and shoulder joint pain. Treatment to date has included medications, and home exercise program. A physician progress note dated 12/22/2014 documents the injured worker complains of bilateral neck pain and left shoulder and arm pain. Pain is described as aching, burning, pulsating and sharp. Pain is rated as 7 out of 10. She has numbness in the left upper extremity and tingling also. Treatment requested is for Hydrocodone/acetaminophen 10/355mg #60, and Trazadone. On 01/07/15 Utilization Review non-certified the request for Hydrocodone/acetaminophen 10/355mg #60 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/07/15 Utilization Review non-certified the request for Trazadone, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/355mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 1. Yes, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has returned to and/or maintained part-time work status as a receptionist, working somewhere between 24 and 40 hours a week, the attending provider has suggested. The applicant is stretching and exercising on a daily basis, the attending provider has further outlined. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.

Trazadone: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 2. Similarly, the request for trazodone, an atypical antidepressant, was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to alleviate symptoms of depression, as were reportedly present here on or around the date in question, December 20, 2014, on that date, the applicant contended that the combined usage of trazodone and Celexa were ameliorating her mood and function, diminishing her complaints of sleep disturbance and facilitating her return to work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 15, page 402, Antidepressants section.