

Case Number:	CM15-0116561		
Date Assigned:	06/24/2015	Date of Injury:	05/27/2014
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female, who sustained an industrial/work injury on 5/27/14. She reported initial complaints of right arm, bilateral shoulder, back, leg, and both lower extremity pain. The injured worker was diagnosed as having radicular syndrome of lower limbs, reflex sympathetic dystrophy of upper limb. Treatment to date has included medication, prior surgery (lumbar fusion at L5-S1 in 2001, right elbow nerve transfer, left hip, left knee), physical therapy, and diagnostic testing. Currently, the injured worker complains of low/upper back pain, hand pain, and neck pain. Per the primary physician's progress report (PR-2) on 4/29/15, examination revealed right hand color changes, mild swelling, and limited range of motion with left rotation to 20 degrees and right rotation to 45 degrees. Back exam notes pain over the left and right lumbar paraspinal muscles. The requested treatments include Norco 10/325mg, Elavil 25mg, and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, pages 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms and right upper extremity pain including a diagnosis of possible CRPS. When seen for an initial evaluation in April 2015, review of systems was negative for gastrointestinal problems and there was an unremarkable past medical history. She was having difficulty sleeping. Naprosyn, Norco, and Soma were prescribed. When requested, pain was rated at 8-10/10. She was having more difficulty with self-care. There was tenderness throughout the spine with muscle spasms. There was right upper extremity swelling. Elavil, Prilosec, Soma, Naproxen, and Norco were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

Elavil 25mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Insomnia treatment (4/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pages 13-15. Decision based on Non-MTUS Citation Elavil Prescribing Information.

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms and right upper extremity pain including a diagnosis of possible CRPS. When seen for an initial evaluation in April 2015, review of systems was negative for gastrointestinal problems and there was an unremarkable past medical history. She was having difficulty sleeping. Naprosyn, Norco, and Soma were prescribed. When requested, pain was rated at 8-10/10. She was having more difficulty with self-care. There was tenderness throughout the spine with muscle spasms. There was right upper extremity swelling. Elavil, Prilosec, Soma, Naproxen, and Norco were prescribed. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. In this case, Elavil is being prescribed for insomnia and the quantity being prescribed (#20) is not consistent with an adequate dosing schedule. The request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, pages 68-71.

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms and right upper extremity pain including a diagnosis of possible CRPS. When seen for an initial evaluation in April 2015, review of systems was negative for gastrointestinal problems and there was an unremarkable past medical history. She was having difficulty sleeping. Naprosyn, Norco, and Soma were prescribed. When requested, pain was rated at 8-10/10. She was having more difficulty with self-care. There was tenderness throughout the spine with muscle spasms. There was right upper extremity swelling. Elavil, Prilosec, Soma, Naproxen, and Norco were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Naproxen is being prescribed at the recommended dose. The prescribing of a proton pump inhibitor such as Prilosec is not medically necessary.