

Case Number:	CM15-0119002		
Date Assigned:	06/29/2015	Date of Injury:	03/19/2014
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old female, who sustained an industrial injury on 03/19/2014. She has reported injury to the neck, right shoulder, right elbow, and low back. The diagnoses have included right shoulder sprain/strain and myofascial pain; right shoulder adhesive capsulitis and rotator cuff tendinitis; right cervical brachial myofascial pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, bracing, injections, acupuncture, physical therapy, and occupational therapy. Medications have included Vicodin, Motrin, Lyrica, Lodine, and Pamelor. A progress note from the treating physician, dated 05/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain which is described as dull and deep; the pain is constant and is rated at 4/10 on the pain scale; right elbow pain which is constant and rated at 6/10 on the pain scale; pain on the left side of her back which is rated at 3/10 on the pain scale. Objective findings included decreased arm swing on the right; palpation to the cervical spine reveals diffuse tenderness to the right inner scapular and superior trapezius region; there is full range of motion except for tightness bending to the left without evidence of deficit in strength or stability; Neer impingement sign, Hawkins' impingement sign, cross-body adduction tests are positive for the right shoulder; there is diffuse tenderness over the left elbow lateral or medial epicondylar region; resisted wrist extension, long finger test, and resisted wrist flexion tests are positive for the right elbow; and there is no tenderness to palpation in the lumbopelvic region and there is full range of motion without evidence of deficit in strength or stability. The treatment plan has included the request for Pamelor 10mg #60; Motrin 800mg #90; and Vicodin 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Per Guidelines, 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. 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; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered with chronic pain complaints. Report has noted the patient with ongoing symptoms complaints without demonstrated specific functional benefit derived from treatment rendered to support for continued use. The Pamelor 10mg #60 is not medically necessary and appropriate.

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Motrin 800mg #90 is not medically necessary and appropriate.

Vicodin 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Vicodin 5mg #60 is not medically necessary and appropriate.