

Case Number:	CM15-0127844		
Date Assigned:	07/14/2015	Date of Injury:	06/09/2014
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male, who sustained an industrial injury on 6/09/2014. He reported a slip and fall, with the weight of a ladder on his right arm. The injured worker was diagnosed as having right shoulder pain, right shoulder adhesive capsulitis, rotator cuff tear, and myofascial pain. Treatment to date has included diagnostics and medications. Currently (5/24/2015), the injured worker complains of persistent right shoulder pain, rated 4/10. He recently received a right shoulder joint steroid injection which helped him significantly. He felt increased pain due to decreased tone, gardening, and moving his shoulder more. He requested a prescription for Hydrocodone since Tramadol did not help much at night. He could not sleep on his right side due to pain. A review of symptoms noted anxiety and depression. Exam noted tenderness in the right acromioclavicular and glenohumeral joints. Strength was 4/5 in abduction and forward flexion. The treatment plan included Naproxen, Trazodone, Tramadol, and Norco. His work status remained modified. The use of Trazodone and Naproxen was noted since at least 2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen 550mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Naproxen is not medically necessary, as the MTUS does not support long term NSAIDs. The MTUS does not support 3 refills of this medication as continued use is based on efficacy and lack of adverse side effects. The request for Naproxen is not medically necessary.

Trazodone 50mg #60 with 3 refills: 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 chapter, insomnia treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Trazadone.

Decision rationale: Trazodone 50mg #60 with 3 refills is not medically necessary. The ACOEM states that antidepressants may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. The ODG states that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting symptoms such as anxiety and depression. The documentation submitted reveals that this patient has anxiety and depression and has been on Trazodone already, however the documentation is not clear on efficacy of Trazodone use. The April 24, 2015 document states that Gabapentin was to be added to help the patient with sleep and neuropathic pain (in addition to patient's Trazodone). Without clear evidence of efficacy and the fact that the request for 3 refills is not appropriate without continued efficacy the request for Trazodone is not medically necessary.

Norco 5/325mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids for chronic pain and Opioids, long-term assessment and Opioids, pain treatment agreement Page(s): 78-80 and 80-84 and 88-89.

Decision rationale: Norco 5/325mg #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal a urine drug screen, signed pain agreement, or treatment plan for opioids. The documentation indicates that the patient had been on Tramadol however, there is no evidence that the treating physician was prescribing according to the above MTUS Guidelines. Furthermore, the guidelines do not recommend continuing opioid treatment without evidence of increased function and improved pain therefore a request for 3 refills would not be appropriate and this request for Norco is not medically necessary.