

Case Number:	CM15-0177364		
Date Assigned:	09/18/2015	Date of Injury:	06/29/2012
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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 39 year old female, who sustained an industrial injury on June 29, 2012, incurring right shoulder and neck injuries. A cervical Magnetic Resonance Imaging revealed a small cervical disc protrusion. She was diagnosed with cervical strain, cervicgia and right shoulder adhesive capsulitis. Treatment included pain medications, anti-inflammatory drugs, antidepressants, physical therapy, topical analgesic gel and activity restrictions. Currently, the injured worker complained of right shoulder pain rated 6 out of 10 associated with tightness in the neck and scapula area with tingling and heaviness. There was increased muscle spasms and tenderness in the right shoulder. There was limited range of motion and increased weakness in the right shoulder region. The treatment plan that was requested for authorization on September 9, 2015, included prescriptions for Norco, Nortriptyline and Voltaren gel. On August 14, 2015, prescriptions for Nortriptyline 10mg #30, Voltaren gel and Norco 5-325mg #30 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 30, 1 by mouth every 12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Norco 10/325 mg Qty 30, 1 by mouth every 12 hrs is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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 indicate a clear treatment plan, urine toxicology screen for opioids. The documentation reveals that the patient has been on long term opioids without significant evidence of increase in function therefore the request for Norco is not medically necessary.

Nortriptyline 10 mg Qty 30, 1 by mouth every night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Tricyclics.

Decision rationale: Nortriptyline 10 mg Qty 30, 1 by mouth every night is not medically necessary per the MTUS Guidelines. The MTUS states that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The MTUS stresses that 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. Side effects: including excessive sedation (especially that which would affect work performance) should be assessed. The documentation indicates that the patient gets drowsy from this medication. Furthermore, the documentation does not reveal evidence of significant objective increase in function while taking this medication. Therefore, the request for Nortriptyline is not medically necessary.

Voltaren 1% gel, 2-4 g every day, 3 times of 100 (unclear qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Voltaren 1% gel, 2-4 g every day, 3 times of 100 (unclear qty) is not medically necessary per the MTUS Guidelines. The MTUS states that Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Furthermore topical NSAIDs are indicated for short term use. The request is unclear of a quantity for this gel. Furthermore, the patient has shoulder and neck pain. The MTUS states that this medication has not been evaluated for shoulder or neck pain. For these reasons this request is not medically necessary.