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| Case Number: | CM15-0062948 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 12/11/2012 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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: 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 57 year old female who sustained an industrial injury on 12/11/2012. Diagnoses include cervical pain, cervical sprain, left wrist pain, and radial styloid tenosynovitis. Treatment to date has included diagnostic studies, medications, injections, home exercise program, and cervical facet nerve block on the right C3, C4, C5, total of 3 branches blocked on 01/21/2015. A physician progress note dated 03/05/2015 documents the injured worker has complaints of neck pain, and headache. Her pain with medications is rated as 4 on a scale of 1-10. Without her medications her pain is rated 6 on a scale of 1-10. She had stopped her medications for about a week because she started on antibiotics and was afraid to mix the medications. She received a block on 01/21/2015 and it has improved her range of motion and decreased headaches. She has cervical spine restricted range of motion. On examination she has hypertonicity, spasm and tenderness noted on both sides of the paravertebral muscles. She has restricted range of motion of both shoulders. Hawkins's test is positive on the left. Range of motion is limited in both right and left elbow. She is wearing a thumb Spica splint on the left hand. Left Finkelstein's test is positive. Treatment requested is for Norco 5/325mg, 2x a day, prn, #60, and Pristiq ER 50mg, daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq ER 50mg, daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Pain Outcomes and Endpoints Page(s): 13-15, 8-9.

Decision rationale: The patient was injured on 12/11/12 and presents with neck pain and headaches. The request is for Prtiq ER 50 mg, daily #30. The RFA is dated 03/17/15 and the patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." Records show that the patient was prescribed Pristiq since 10/02/14. The patient is reported to have anxiety, depression, poor concentration, and sleep disturbance. MTUS does recommend use of SNRIs for chronic pain, but MTUS does not recommend continued treatment without documentation of functional improvement. None of the reports provided document efficacy as it relates to the use of Pristiq. Due to lack of documentation, the requested Pristiq is not medically necessary.

Norco 5/325mg, 2x a day, prn, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 12/11/12 and presents with neck pain and headaches. The request is for Norco 5/325 mg 2 x a day prn #60. The RFA is dated 03/17/15 and the patient is not currently working. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. On 10/02/14, the patient rated her pain as a 5/10 with medications and a 7/10 without medications. On 10/24/14, she rated her pain as a 3/10 with medications and a 6/10 without medications. "Patient reports following side effects: none." On 12/18/14, she rated her pain as a 3/10 with medications and a 7/10 without medications. On 01/29/15, she rated her pain as a 4/10 with medications and a 6/10 without medications. On 03/05/15, she rated her pain as a 4/10 with medications and a 6/10 without medications.

Although the treater provides before-and-after medication pain scales and provides a discussion on side-effects/aberrant behavior, not all 4 A's are addressed as required by MTUS guidelines. There are no examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treater did provide a urine drug screen from 03/05/15 which revealed that the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.