

Case Number:	CM15-0063295		
Date Assigned:	04/09/2015	Date of Injury:	08/06/2007
Decision Date:	05/18/2015	UR Denial Date:	03/25/2015
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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male who sustained an industrial injury to on August 6, 2007. The injured worker was diagnosed with chronic bilateral shoulder pain, status post-surgery. There was no past treatment plans noted. The injured worker is status post left rotator cuff repair, subacromial decompression, biceps tenotomy and labral debridement in February 2008 followed by lysis of adhesions in November 2008 and right shoulder surgery in 2010. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience bilateral shoulder pain. The injured worker states the pain medication regimen is working well. Without medications his pain is 9/10 and with pain medications pain it is 5/10. His sleep has improved with Ambien. Objectively the injured worker continues to have reduced range of motion of the bilateral shoulders. Current medications are listed as Norco, Tramadol ER, Relafen, Zolof, Colace, Lactulose and Ambien. Treatment plan consists of continuing to stay active and exercise along with the current request for Norco, Relafen and Zolof.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count, provided on March 9, 2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case there appears to be adequate pain control with documented improved function, specifically ability to perform ADLs and range of motion with use of Norco. The prior Utilization Review decision is reversed and the request for Norco 10/325 mg, 120 count, provided on March 9, 2015 is medically necessary.

Relafen 750 mg, 120 count, provided on March 9, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Non-steroidal anti-inflammatory medications Page(s): 22 and 67- 70.

Decision rationale: The MTUS states that 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. Relafen is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).

NSAIDs may cause borderline elevations of one or more liver enzymes in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. In this case the Relafen has been used on a long term basis without specific documentation of functional improvement or monitoring as recommended above. Without this documentation, the request for Relafen 750 mg, 120 count, provided on March 9, 2015, is not medically necessary.

Zoloft 50 mg, sixty count, provided on March 9, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 72 - 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, SSRIs Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sertraline (Zoloft).

Decision rationale: Zoloft is a selective serotonin reuptake inhibitors (SSRI). The MTUS states that SSRIs, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. The ODG guidelines recommend Zoloft as a first-line treatment option for MDD and PTSD. See Antidepressants for treatment of MDD (major depressive disorder); Selective serotonin reuptake inhibitors (SSRIs); PTSD pharmacotherapy. In this case there is no documentation of a diagnosis of depression and no documentation of specific functional improvement and efficacy for treatment with Zoloft. Without a supporting diagnosis and functional improvement the request for Zoloft 50 mg, sixty count, provided on March 9, 2015 is not medically necessary.