

Case Number:	CM15-0064669		
Date Assigned:	04/10/2015	Date of Injury:	12/13/1999
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 (IW) is a 65-year-old female who sustained an industrial injury on 12/13/1999. Diagnoses include chronic neck and low back pain with degenerative disc disease and right shoulder sprain/strain with degenerative changes. Treatment to date has included medications, psychotherapy, physical therapy, acupuncture, home exercise and injections. Diagnostics performed to date included electrodiagnostic testing and MRIs. According to the progress notes dated 1/13/15, the IW reported no change in her knee, neck and back symptoms since her last visit. A request was made for Norco 10/325mg, Voltaren gel 1% and Lexapro 20mg for continued pain control to allow the IW to function in her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 60.00 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 74-96.

Decision rationale: Guidelines recommend patients on opioids be monitored for efficacy, side effects, functionality, and signs of aberrant use. In this case, there is no documented improvement in function, nor is there documentation of close monitoring for aberrant use including a pain contract and prescriber database search. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

Voltaren gel 1% QTY: 2.00 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend Voltaren Gel for relief of osteoarthritis pain in joints, but is not recommended for deep spinal structures, hip or shoulder. In this case, the patient was suffering from low back pain and shoulder pain. The request for Voltaren Gel 1% x 2 with one refill was not medically appropriate and necessary.

Lexapro 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Lexapro is not recommended as treatment for chronic pain, but may have a role in treating secondary depression. In this case, the Lexapro has been prescribed for pain control and also has been previously denied. The request for Lexapro 20 mg #60 is not medically appropriate and necessary.