

Case Number:	CM15-0068006		
Date Assigned:	04/15/2015	Date of Injury:	08/13/2003
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37 year old female, who sustained an industrial injury on 8/13/2003. She reported prolonged and repetitive manipulative activities causing pain to the neck, bilateral upper extremities, and low back. Diagnoses include impingement syndrome of the right shoulder status post surgery, cubital tunnel syndrome, trigger finger, discogenic cervical condition, inflammation of thumb joints, chronic pain and depression. Treatments to date include activity modification, medication therapy, physical therapy, and therapeutic injections. Currently, she complained of persistent pain in the upper extremities and neck associated with numbness and tingling. On 2/19/15, the physical examination documented tenderness along cervical muscles, right shoulder and right wrist. The plan of care included requests for authorization of medication as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor SR 75 mg #60 (RX 03/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13 - 16.

Decision rationale: The patient is a 37 year old female with an injury on 08/13/2003. She had neck pain, low back pain, right shoulder pain/right shoulder surgery, cubital tunnel syndrome and trigger point. On 02/19/2015 she had neck pain with upper extremity tingling and numbness, right shoulder pain and right wrist pain. Effexor is not FDA approved for the treatment of chronic pain. There is no documentation of neuropathic pain and tricyclic antidepressants are first line, not selective serotonin re-uptake inhibitors. Effexor is not medically necessary.

Tramadol ER 150 mg #30 (RX 03/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 37 year old female with an injury on 08/13/2003. She had neck pain, low back pain, right shoulder pain/right shoulder surgery, cubital tunnel syndrome and trigger point. On 02/19/2015 she had neck pain with upper extremity tingling and numbness, right shoulder pain and right wrist pain. MTUS, Chronic Pain guidelines for on-going treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and is not medically necessary.

Norco 10/325 mg #60 (RX 03/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 37 year old female with an injury on 08/13/2003. She had neck pain, low back pain, right shoulder pain/right shoulder surgery, cubital tunnel syndrome and trigger point. On 02/19/2015 she had neck pain with upper extremity tingling and numbness, right shoulder pain and right wrist pain. MTUS, Chronic Pain guidelines for on-going treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and is not medically necessary.