

<b>Case Number:</b>	CM15-0079214		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/12/2003
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 49 year old female, who sustained an industrial injury on 06/12/2003. The injured worker is currently diagnosed as having chronic low back pain, chronic neck pain, history of left knee surgery, chronic headaches, history of right shoulder surgery with persistent shoulder pain, bilateral hand/wrist symptoms, and right knee pain secondary to compensatory overuse. Treatment and diagnostics to date has included lumbar spine MRI, cervical spine MRI, physical therapy, massage, acupuncture, home exercise program, and medications. In a progress note dated 04/07/2015, the injured worker presented with complaints of pain. The treating physician reported requesting authorization for MS Contin, Norco, and Effexor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #60:** Upheld

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

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

**Decision rationale:** The patient is a 49 year old female with an injury on 06/12/2003. She had right shoulder surgery. She had chronic neck, back, shoulder and knee pain. MTUS, chronic pain guidelines for continued 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.

**Norco 10/325mg:** Upheld

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

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

**Decision rationale:** The patient is a 49 year old female with an injury on 06/12/2003. She had right shoulder surgery. She had chronic neck, back, shoulder and knee pain. MTUS, chronic pain guidelines for continued 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.

**Effexor ER 75mg:** Upheld

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

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

**Decision rationale:** The patient is a 49 year old female with an injury on 06/12/2003. She had right shoulder surgery. She had chronic neck, back, shoulder and knee pain. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Side effects such as excessive sedation need to be assessed. Also the effects of this class of drugs on other medications has not been assessed. Long-term effectiveness of antidepressants on chronic pain have not been established. The requested antidepressant is not medically necessary for this patient.