

Case Number:	CM13-0003894		
Date Assigned:	01/15/2014	Date of Injury:	08/01/2003
Decision Date:	04/30/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 66 year-old with a date of injury of 08/01/03. A progress report associated with the request for services, dated 07/09/13, identified subjective complaints of right shoulder pain. Objective findings included tenderness to palpation and decreased range-of-motion in both shoulders. Diagnoses included shoulder impingement syndrome. Treatment has included oral NSAIDs, muscle relaxants, and opioids. A Utilization Review determination was rendered on 07/17/13 recommending non-certification of "Celebrex 100mg, #60, 1 tablet by mouth twice a day, with one refill; Robaxin 750mg, #30, 1 tablet by mouth at bedtime, with one refill; Norco 10/325mg, #240, 1-2 tablets by mouth every 4-6 hours, with 3 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 100MG, #60, 1 TABLET BY MOUTH TWICE A DAY, WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: Celebrex is a COX-2 inhibitor non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted in the MTUS guidelines that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS guidelines further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond the shortest term. Additionally, the request is for a COX-2 inhibitor. There was no documentation submitted indicating underlying ischemic heart disease or gastrointestinal disease. The Gastrointestinal Review of Systems was negative. There is no documentation of the functional improvement related to Celebrex or the need for a COX-2 inhibitor. The request for Celebrex 100 mg # 60 1 tablet by mouth twice a day with one refill is not medically necessary and appropriate.

ROBAXIN 750MG, #30, 1 TABLET BY MOUTH AT BEDTIME, WITH ONE REFILL:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Robaxin (Methocarbamol) is an antispasmodic muscle relaxant whose mechanism of action is unknown. The MTUS guidelines states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. Indications for Robaxin (Methocarbamol) beyond a short course are not well supported. Likewise, it is being used in combination with other agents; particularly NSAIDs for which no additional benefit has been shown. In this case, the medical record does not document the medical necessity for Robaxin. The request for Robaxin 750 mg # 30, 1 tablet by mouth at bedtime with one refill is not medically necessary and appropriate.

NORCO 10/325MG, #240, 1-2 TABLETS BY MOUTH EVERY 4-6 HOURS, WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Based on the medical records provided for review, therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The request for Norco 10/325 mg # 240, 1-2 tablets by mouth every 4-6 hours with 3 refills is not medically necessary and appropriate.