

Case Number:	CM13-0031548		
Date Assigned:	03/03/2014	Date of Injury:	08/06/2002
Decision Date:	04/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 59-year-old female with an 8/6/02 date of injury. At the time (8/13/13) of request for authorization for Norco 10/325MG #240, Fexmid 7.5MG #60, and Celebrex 200MG, there is documentation of subjective (neck, low back, and shoulder pain, as well as difficulty with anxiety, muscle spasms, and sleeping) and objective (tenderness to palpation along the cervical musculature, bilateral shoulder, subacromial bursa region, and posterior lumbar musculature; decreased cervical spine, lumbar spine, and bilateral shoulder range of motion; significant hypersensitivity along the posterolateral arm and forearm; and decreased sensation along the C6 distribution) findings, current diagnoses (status post anterior cervical discectomy and fusion, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, right shoulder impingement syndrome, and medication induced gastritis), and treatment to date (medications (including on-going treatment with Norco, Fexmid, and Celebrex)). Medical report identifies that the patient cannot tolerate Motrin, Anaprox, or any other NSAIDs because of significant GI distress; and that the patient was consulted as to the benefits of these medications and the potential side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Guidelines require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, and right shoulder impingement syndrome. In addition, there is documentation of ongoing treatment with Norco; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions and/or an increase in activity tolerance as a result of Norco use to date. Therefore, based on MTUS Guidelines and a review of the evidence, the request for Norco 10/325MG #240 is not medically necessary and appropriate.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, section on Muscle relaxants.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, and right shoulder impingement syndrome. In addition, there is documentation of subjective findings (muscle spasms). However, given documentation of an 8/6/02 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting ongoing treatment with Flexeril, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions and/or an increase in activity tolerance as a result of Fexmid use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5MG #60 is not medically necessary and appropriate.

CELEBREX 200MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatory medications Page(s): 22.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of high-risk of GI complications with NSAIDs as criteria necessary to support the medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, right shoulder impingement syndrome, and medication induced gastritis. In addition, given documentation that the patient cannot tolerate Motrin, Anaprox, or any other NSAIDs because of significant GI distress, there is documentation of high-risk of GI complications with NSAIDs. However, given documentation of ongoing treatment with Celebrex, there is no documentation of functional benefit or improvement as a result of Celebrex use to date. Therefore, based on MTUS Guidelines and a review of the evidence, the request for Celebrex 200MG is not medically necessary and appropriate.