

<b>Case Number:</b>	CM13-0040645		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 64-year-old injured worker with date of injury on 09/01/1999. The progress report dated 07/26/2013 by [REDACTED] indicates that the patient's diagnoses include: 1) Cervicogenic disk condition, status post instrumentation and fusion with nerve studies, not showing persistent radiculopathy; 2) Rotator cuff tear on the right, status post decompression, distal clavicle excision; 3) Rotator cuff tear on the left, treated conservatively; 4) Carpal tunnel syndrome bilaterally, status post decompression; 5) Ulnar nerve entrapment bilaterally. The patient continues with neck pain, bilateral shoulder pain, bilateral wrist and elbow pain. The patient also reports numbness into her hands. Exam findings include positive Tinel's and tenderness along the carpal tunnel area bilaterally. The patient was provided with #15 fentanyl patches at 50 mcg and #15 patches at 100 mcg, for a total of 150 mcg to be applied every other day. The patient was also provided with Percocet 10 mg #90 tablets for a month's supply, Soma 350 mg #90 tablets for a month's supply, and Celebrex 200 mg #30 tablets for a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 100mcg, # 15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, regarding long-term use of opioids requires that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The treating physician did not document any findings of a numerical scale or validated instrument regarding the patient's decreased pain or function. Additionally, the MTUS guidelines, regarding therapeutic trial of opioids and ongoing management recommends the 4 A's for ongoing monitoring. This includes documentation of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient continues with significant pain in the neck, shoulders, and bilateral upper extremities. The treating physician has indicated in his reports that the patient is able to carry out some of their activities of daily living. After reviewing 6 progress reports dated between 01/10/2013 and 09/20/2013, there are no discussions regarding the patient's level of pain before and after taking the pain medication. There also is no documentation found regarding the patient's response to questions of side effects. The records reviewed by the treating physician did not report documentation of the 4 A's. The request for Fentanyl patch 100mcg, # 15 is not medically necessary and appropriate.

**Soma 350mg, # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, regarding Soma states that it is not recommended. MTUS further states that this medication is not indicated for long-term use. Based on the medical records provided for review the patient continues to have significant pain in the neck, bilateral shoulders, and upper extremities. The patient has been provided with Soma for several months. The request for Soma 350mg, # 90 is not medically necessary and appropriate.

**Celebrex 200mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,60-61.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, regarding anti-inflammatory medications, state that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. The MTUS Chronic Pain Medical Treatment Guidelines further states that Cox-2 inhibitors such as Celebrex may be

considered if the patient has a risk of GI complications, but not for the majority of patients. In the 6 reports reviewed between 01/10/2013 and 09/20/2013, there was no documentation of assessment of GI complications or risk factors. The MTUS Chronic Pain Medical Treatment Guidelines regarding medications for chronic pain states that evaluation of the effect of pain relief in relationship to improvements in function and increased activity shall be documented with ongoing use of these medications. Based on the medical records provided for review the patient appears to be suffering from chronic pain and may benefit from anti-inflammatory medications. However, without documentation of functional benefit, medical necessity cannot be assessed. The request for Celebrex 200mg, # 30 is not medically necessary and appropriate.