

Case Number:	CM13-0043331		
Date Assigned:	06/13/2014	Date of Injury:	12/08/2009
Decision Date:	08/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/23/2013

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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 47-year-old male who was injured on December 8, 2009. The patient continued to experience pain in his neck and left arm. Physical examination was notable for normal posture and no focal deficit. The diagnoses included cervical stenosis, thoracic strain, and contusion left wrist. The treatment included epidural steroid injection, medications, and home exercise programs. The requests for authorization for Celebrex 200mg #30, tramadol 50mg # 50, and Amrix ER 30mg # 30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8: Summary of Recommendations for evaluating and Managing Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) chapter, Neck and Upper Back (acute & chronic) Chapter, Forearm, Wrist, and Hand (acute & chronic) Chapter, and Low Back - Lumbar & Thoracic (acute & chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

Decision rationale: Celebrex is the selective COX-2 nonsteroidal anti-inflammatory drug celecoxib. It has been useful in the treatment of osteoarthritis, ankylosing spondylitis, and rheumatoid arthritis. The CA Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects include hypertension and renal function have been reported with COX-2 non-steroidal anti-inflammatory drugs (NSAIDs). The record of pain and function with the medication should be documented. In this case, there is no documentation of duration or efficacy of treatment. Due to the lack of support from clinical documentation, the request for Celebrex 200mg #30 is not certified.

Tramadol 50mg #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: .1) Medical Board of California, Guidelines for Prescribing Controlled Substances for Pain, http://www.medbd.ca.gov/pain_guidelines.html. 2) Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Nov. 91p. 3) Agency Medical Directors' Group. Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. Washington State Agency Medical Directors' Group: 2010. Available online at <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>. 4) Chou, R., Fanciullo, G. J., Fine, P. G., et al; American Pain Society-American Academy of Pain Medicine Opioids Guidelines Panel. Clinical guidelines for the use of chronic opioid therapy in chronic non-cancer pain. The Journal of Pain. 2009 Feb;10(2):113-130. 5) Dunn, K. M., Saunders, K. W., Rutter, C. M., et al. Opioid prescriptions for chronic pain and overdose: a cohort study. Annals of Internal Medicine. 2010 Jan 19;152(2):85-92. 6) Heltsley, R., Zichterman, A., Black, D. L., et al. Urine drug testing of chronic pain patients. II. Prevalence patterns of prescription opiates and metabolites. Journal of Analytical Toxicology. 2010 Jan-Feb;34(1):32-38. 7) Manchikanti, L., Manchukonda, R., Damron, K. S., Brandon, D., McManus, C. D., Cash, K. Does adherence monitoring reduce controlled substance abuse in chronic pain patients? Pain Physician. 2006 Jan;9(1):57-60. 8) Arnold, R. M., Han, P. K., Seltzer, D. Opioid contracts in chronic nonmalignant pain management: Objectives and uncertainties. American Journal of Medicine. 2006;119:292-296.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking Selective serotonin reuptake inhibitors (SSRIs), Tricyclic antidepressants (TCA), and other opioids. The CA Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of

specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. In this case, there is no documentation of duration or efficacy of treatment. As such, the request for Tramadol 50mg #50 is not certified.

Amrix 30mg ER capsules #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) chapter, Neck and Upper Back (acute & chronic) Chapter, Forearm, Wrist, and Hand (acute & chronic) Chapter, and Low Back - Lumbar & Thoracic (acute & chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the medication was prescribed for one month. This surpasses the recommended short-term duration of two weeks. The request for Amrix 30mg ER capsules #30 is not certified.