

Case Number:	CM13-0057971		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2012
Decision Date:	04/01/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 41-year-old female who reported an injury on 03/01/2012 after she lifted a heavy object which reportedly caused injury to her left upper extremity. The patient's treatment history has included medications, activity modifications, physical therapy, steroid injections, and platelet rich plasma injections for the elbow. The patient's most recent clinical documentation noted that the patient had restricted left shoulder range of motion secondary to pain with a positive Neer test, positive Speed's test, and tenderness to palpation along the biceps groove, greater tubercle of the humerus, and subdeltoid bursa. Evaluation of the left elbow documented tenderness to palpation over the lateral epicondyle. It was noted that the patient had light touch sensation decreased over the thumb and middle finger of the left side. The patient's current medication schedule included Vicodin 5/300 mg and Relafen for pain control. It is noted that the patient's pain was not sufficiently controlled on these medications. The patient's diagnoses included left shoulder rotator cuff tear and degenerative joint disease to the acromioclavicular joint and lateral epicondylitis. The patient's treatment plan included a trial of Pennsaid for focal inflammatory effect, a trial of a Butrans patch for long-acting pain relief, a pain psychology consultation, and continuation of Vicodin usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg/hr, apply 1x weekl: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The requested Butrans patch 5 mcg/hour apply 1 weekly is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of this medication in the management of moderate to severe chronic pain for patients who are at risk for opioid dependence of who have a history of opioid dependence. The clinical documentation submitted for review does not provide any evidence that the patient has a history of opioid addiction that would require the use of this medication. There is no documentation of exceptional factors to support extending treatment beyond guidelines recommendations. As such, the requested Butrans patch 5 mcg/hour apply 1 weekly is not medically necessary or appropriate.

Celebrex 200mg daily: Upheld

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

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

Decision rationale: The requested Celebrex 200 mg daily is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of a patient's chronic pain. However, California Medical Treatment Utilization Schedule does not recommend use of 1 anti-inflammatory drug over the use of another. The clinical documentation submitted for review does indicate that the patient's treatment plan included a trial of Pennsaid for focal inflammatory effect. The clinical documentation submitted for review does not provide a clear rationale for the need for 2 different types of anti-inflammatory drugs. Therefore, the need for Celebrex is not clearly established. As such, the requested Celebrex 200 mg daily is not medically necessary or appropriate.

Vicodin 5/300mg: 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.

Decision rationale: The requested Vicodin 5/300 mg at bedtime is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by quantitative assessment

of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient received significant pain relief from this medication. Additionally, there is no documentation of functional benefit or that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested Vicodin 5/300 mg at bedtime is not medically necessary or appropriate.