

<b>Case Number:</b>	CM13-0065829		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/22/2004
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation, 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:

This 57 year-old female sustained an injury when she fell and hit her head on the counter on 3/22/04 while employed by [REDACTED]. Requests under consideration include Celebrex 10mg, #60, with three (3) refills, Norco 5/325mg, #120, and Atarax 25mg, #120, with three (3) refills. Diagnoses include cervical pain with degenerative changes; chronic thoracic myofascial pain; chronic low back pain; bilateral shoulder tendonitis; bilateral CTS; polyarthralgia; migraine headaches; and depression. Report of 10/15/13 from the provider noted patient complained of headaches, neck, upper and lower back, shoulders and arm pain. Conservative care has included medications, physical therapy, and cervical epidural steroid injectionn (2005). Exam showed tenderness at supraclavicular, paracervical, and sternocleidomastoid and C2-T1; right thoracic scoliosis and parathoracic tenderness T1-T12, L1 with spasm; tenderness from L1 to L5-S1 with limited range of motion; decreased sensation in bilateral L4 and L5; motor strength 5+; DTRs 2+ bilaterally. Treatment plan included Vicodin, Celebrex, and Atarax. The above medication requests were non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 10MG, #60, WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, NSAIDs Page(s): 22,68,70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-steroidal Anti-Inflammatory Drugs) Page(s): 22.

**Decision rationale:** This 57 year-old female sustained an injury when she fell and hit her head on the counter on 3/22/04 while employed by [REDACTED]. Requests under consideration include Celebrex 10mg, #60, with three (3) refills, Norco 5/325mg, #120, And Atarax 25mg, #120, with three (3) refills. Diagnoses include cervical pain with degenerative changes; chronic thoracic myofascial pain; chronic low back pain; bilateral shoulder tendonitis; bilateral CTS; polyarthralgia; migraine headaches; and depression. Report of 10/15/13 noted multiple chronic pain with exam findings of diffuse tenderness with intact motor, sensory and reflexes. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2004 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The Celebrex 10mg, #60, with three (3) refills is not medically necessary and appropriate.

**NORCO 5/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Opioids Page(s): 75, and 78.

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

**Decision rationale:** This 57 year-old female sustained an injury when she fell and hit her head on the counter on 3/22/04 while employed by [REDACTED]. Requests under consideration include Celebrex 10mg, #60, with three (3) refills, Norco 5/325mg, #120, and Atarax 25mg, #120, with three (3) refills. Diagnoses include cervical pain with degenerative changes; chronic thoracic myofascial pain; chronic low back pain; bilateral shoulder tendonitis; bilateral CTS; polyarthralgia; migraine headaches; and depression. Report of 10/15/13 noted multiple chronic pain with exam findings of diffuse tenderness with intact motor, sensory and reflexes. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides

requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 5/325MG, #120 is not medically necessary and appropriate.

**ATARAX 25MG, #120, WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, online version 19.2, Atarax

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment Page(s): 535-536.

**Decision rationale:** This 57 year-old female sustained an injury when she fell and hit her head on the counter on 3/22/04 while employed by [REDACTED]. Requests under consideration include Celebrex 10mg, #60, with three (3) refills, Norco 5/325mg, #120, and Atarax 25mg, #120, with three (3) refills. Diagnoses include cervical pain with degenerative changes; chronic thoracic myofascial pain; chronic low back pain; bilateral shoulder tendonitis; bilateral CTS; polyarthralgia; migraine headaches; and depression. Report of 10/15/13 noted multiple chronic pain with exam findings of diffuse tenderness with intact motor, sensory and reflexes. Atarax (Hydroxyzine) belongs to a class of medications called antihistamine. Hydroxyzine may be used for the short-term sedative treatment of nervousness and tension that may occur with certain mental/mood disorders (e.g., anxiety, dementia) prior to and after surgery, or may act to enhance certain narcotic pain relievers (e.g., Barbituate-meperidine) during surgery. Its anti-histamine action may also be used for allergy symptoms of sneezing/runny nose, skin reactions such as hives or contact dermatitis. Submitted reports have not adequately identified any specific indication or objective findings to support the treatment with this medication. The Atarax is not medically necessary and appropriate.