

Case Number:	CM14-0004052		
Date Assigned:	02/05/2014	Date of Injury:	11/05/2003
Decision Date:	07/17/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old female who reported an injury on 11/05/2003. The mechanism of injury was not provided for review in the clinical documentation. Prior treatment included medication. In the clinical note dated 12/18/2013, it reported the injured worker complained of bilateral shoulder pain. Upon physical examination of the cervical spine, the provider noted range of motion was 30 degrees in flexion and 15 degrees in extension. The provider noted the injured worker had no focal neurological deficits from C4 through T1 on motor and sensory evaluation. The injured worker had positive Tinel's, Phalen's, and carpal compression tests of both hands. Upon examination of the shoulders, the provider indicated there was limited range of motion. Current medications include Celebrex, Norco, Voltaren gel, Prilosec and Soma. The provider requested Celebrex, Prilosec, Soma, Norco, and Voltaren gel. However, a rationale was not provided for review. The request for authorization for Norco and Celebrex was submitted and dated 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #30 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Cox-2 Nsaids Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The request for Celebrex 200 mg #30 is not medically necessary. The injured worker complained of bilateral shoulder pain. The California MTUS Guidelines note Celebrex is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. Celebrex is recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. There is a lack of objective symptoms indicating the injured worker to have osteoarthritis or tendonitis of the knee. It appeared the injured worker had been utilizing the medication since 12/2013, which exceeds the guidelines recommendation of short-term use. There is a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. The submitted request failed to provide the frequency of the medication. Therefore, the request for Celebrex is non-certified.

PRILOSEC 20MG #30 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #30 is not medically necessary. The injured worker complained of bilateral shoulder pain. The California MTUS Guidelines note proton pump inhibitors, such as Prilosec, are recommended for injured workers at risk for gastrointestinal events. Risk factors for gastrointestinal events include: over the age of 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; or high dose/multiple NSAID use. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted did not indicate the injured worker had a history or peptic ulcer, GI bleed or perforation. There is a lack of documentation indicating the injured worker is at risk for gastrointestinal events. There is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy as well as a lack of complaints of dyspepsia. The submitted request does not provide the frequency of the medication. Therefore, the request for Prilosec 20 mg #30 is not medically necessary.

SOMA 350 MG #30 QTY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), and Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: The request for Soma 350 mg #30 is not medically necessary. The injured worker complained of bilateral shoulder pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. 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 NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. There is a lack of objective findings indicating the injured worker to have muscle spasms. The injured worker had been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation of short-term use for 2 to 3 weeks. The submitted request failed to provide the frequency of the medication. Therefore, the request for Soma 350 mg #30 is not medically necessary.

NORCO 10/325MG #60 QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The injured worker complained of bilateral shoulder pain. Regarding opioid management, the California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note the pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid and how long it takes for pain relief and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker had been utilizing the medication since at least December 2013. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional improvement. Additionally, the use of a urine drug screen was not provided in the documentation submitted. The submitted request does not provide the frequency of the medication. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

VOLTAREN GEL 1% #2 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Voltaren gel 1% #2 is not medically necessary. The injured worker complained of bilateral shoulder pain. The California MTUS Guidelines state that topical analgesics are largely experimental in the use with few randomized controlled trials to determine the efficacy or safety. The guidelines state any compounded product that contains 1 drug or drug class that is not recommended, is not recommended. Topical analgesics (NSAIDs) are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment. The guidelines recommend topical analgesics (NSAIDs) for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. There is a lack of documentation indicating the injured worker had signs and symptoms or a diagnosis of osteoarthritis. The site at which the topical medication was intended for was not provided within the request or submitted documentation. Additionally, the injured worker had been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation or short-term use of 4 to 12 weeks. Therefore, the request for Voltaren gel 1% #2 is not medically necessary.