

Case Number:	CM14-0109752		
Date Assigned:	08/01/2014	Date of Injury:	08/02/1993
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Orthopedic Surgery 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:

The injured worker is a 54 year-old male who reported an injury on 08/02/2993. The mechanism of injury was the injured worker was lifting and stacking 300 five gallon paint containers. The diagnoses included chronic intractable pain syndrome, biceps tendonitis, left AC joint osteoarthritis, post-laminectomy syndrome, cervicgia, rotator cuff syndrome, De Quervain's tenosynovitis, cervical spondylosis, myofascial pain syndrome, and cervical muscle strain. Previous treatments included surgery and medication. Within the clinical note dated 06/17/2017, it was reported the injured worker complained of upper back, shoulder and right arm pain and headaches. He complained of shoulder pain with significant popping with motion. Upon the physical examination, the provider noted tenderness on palpation of the cervical spine. The provider noted the cervical spine range of motion was full with flexion at 35 degrees. The injured worker had a positive Spurling's maneuver. Upon examination of the lumbar spine, the provider noted the injured worker had tenderness to palpation with pulling sensation. The injured worker had a negative straight leg raise bilaterally. Forward flexion of the lumbar spine was 45 degrees. The provider requested for Norco, Celebrex, Soma, Valium, and Frova; however, rationale is not provided for clinical review. The Request for Authorization was submitted and dated on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management and Weaning of Medication, Opioids Page(s): 78-80, 124, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 05/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for Norco is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014 which exceeds the guidelines recommendations of short term use. The request submitted failed to provide the frequency of the medication. Therefore, the request for Celebrex is not medically necessary.

Soma 350mg #120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note that medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014 which exceeds the guidelines

recommendation of short term use of 2 to 3 weeks. Additionally the request submitted failed to provide the frequency of the medication. Therefore, the request for Soma is not medically necessary.

Valium 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend Valium for long term use due to the long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Valium to 4 weeks which exceeds the guidelines recommendation of short term use of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request for Valium is not medically necessary.

Frova 2.5mg Qty 9x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. The guidelines note all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. The poor response to 1 triptan does not predict a poor response to other agents in this class. There is lack of documentation indicating the injured worker is treated for or diagnosed with migraine headaches. The efficacy of the medication was not provided for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request for Frova is not medically necessary.