

Case Number:	CM14-0126461		
Date Assigned:	08/13/2014	Date of Injury:	09/25/1997
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/09/2014

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 Pennsylvania. 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 claimant is a 62 year old female injured on 09/25/97. Records indicate current chronic pain complaints with recent progress report of 07/21/14 describing neck and left shoulder pain with associated headaches. There is noted to be recent use of injection therapy and medications for the neck. There is noted to be pain with rotation, extension, paraspinal tenderness to palpation over the facet joints and no documentation of focal motor sensory reflexive changes to the upper lower extremities. Given current complaints of chronic myofascial pain syndrome with chronic neck pain, continued use of Celebrex, Paxil, a surgical consultation with a [REDACTED] and a urine drug screen are recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex (celecoxib) COX-2 NSAIDS, Specific Recommendations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 OF 127.

Decision rationale: Based on California MTUS Chronic Pain Treatment Guidelines, continued use of Celebrex with a refill would not be indicated. While this individual is noted to be of

chronic pain complaints, there would be no indication for the chronic use of nonsteroidal agents. This individual demonstrates no indication of acute clinical findings or symptoms dating back to injury of 1997. Guidelines indicate the nonsteroidal agent should be utilized with the lowest dosage at the shortest period of time possible. Given the claimant's current clinical presentation, the chronic use of this agent would not be indicated. Therefore, the request is not medically necessary.

Paxil 40mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Paxil: Neuropathic pain; Radiculopathy;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

Decision rationale: California MTUS Chronic Pain Treatment Guidelines would support the use of Paxil. Paxil is recommended for treatment of both neuropathic pain and chronic pain related to depression. This individual carries diagnosis of neuropathic pain and depression, the continued use of this drug would be supported. Therefore, the request is medically necessary.

Re-consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 179-180-181, 183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: CA MTUS states, "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." While this individual is with chronic pain complaints, there is no indication of acute clinical finding on examination or compressive finding on imaging that would necessitate the need for a surgical referral in this individual whose injury occurred seventeen years ago. California ACOEM Guidelines would not support surgical consultation. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug Testing;Regarding indicators of substance abuse: Substance abuse (tolerance, dependence, addiction)Cautionary red flags for patients that may potentially abuse opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: CA MTUS Guidelines indicate urine drug screening to define serious substance misuse in a multi-disciplinary pain management program. Records in this case do not indicate misuse or mal use of medications, nor does it indicate use of chronic short or long term opioid therapy. The use of a urine drug screen, given the claimant's current clinical presentation would not be indicated. California MTUS Chronic Pain Guidelines would not support a urine drug screen. Therefore, the request is not medically necessary.