

Case Number:	CM14-0024350		
Date Assigned:	06/11/2014	Date of Injury:	05/01/1997
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 62-year-old male who was injured on 5/1/1997. The diagnoses are low back pain and Behcet's syndrome. There is very limited detail in the available medical records. The patient attends clinic once a year. The reports did not have any documentation on a urine drug screen (UDS), Pain Contract, objective clinical findings, or supporting radiological reports. The 12/30/2013 report by [REDACTED], noted six (6) pain flare-ups per year. There was no neuromuscular or skeletal examination report. The medications are Percocet, Celebrex and Tylenol with codeine, which was reported to be used for severe pain flare-ups. The patient is also utilizing Flexeril for muscle spasm periodically and MiraLax for the prevention of opioid induced constipation. A Utilization Review determination was rendered on 1/31/2014, recommending a modified certification for Tylenol with codeine 15/300mg and Percocet and non-certification for Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PERCOCET (FOR RARE SEVERE EVENTS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

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

Decision rationale: The Chronic Pain Guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioid can be utilized for the short term treatment of severe pain during acute injury or exacerbation of chronic pain that is non-responsive to standard non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and exercise. The required documentation during chronic opioid treatment should include compliance monitoring measures such as Pain Contract, urine drug screen (UDS), absence of aberrant behaviors, and improvement in activities of daily living (ADL)/functional restoration. The record indicates that this patient attends clinic once a year. The record lacks the required documentation. The clinical note does not show significant objective findings. The criteria for the use of Percocet for rare severe pain events were not met.

PRESCRIPTION OF CELEBREX (FOR SPINE PAIN): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The Chronic Pain Guidelines addressed the use of non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbation or flare-ups of musculoskeletal pain. The record indicate that the patient has an average of five to six (5 to 6) musculoskeletal pain flare-ups per year. The criteria for the use of Celebrex 200mg was met.

PRESCRIPTION OF TYLENOL WITH CODEINE (AS NEEDED FOR FLAIRS):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

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

Decision rationale: The Chronic Pain Guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioid can be utilized for the short term treatment of severe pain during acute injury or exacerbation of chronic pain that is non-responsive to standard non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and exercise. The required documentation during chronic opioid treatment should include compliance monitoring measures such as Pain Contract, urine drug screen (UDS), absence of aberrant behaviors, and improvement in activities of daily living (ADL)/functional restoration. The record indicates that this patient attends clinic once a year. The record lacks the required documentation. The clinical note does

not show significant objective findings. The criteria for the use of Tylenol with codeine for pain flare-up events were not met.