

Case Number:	CM14-0024797		
Date Assigned:	06/11/2014	Date of Injury:	03/27/1995
Decision Date:	08/14/2014	UR Denial Date:	02/18/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 67-year-old female who reported an injury on 03/27/1995, due to an unknown mechanism of injury. On 05/07/2014, the injured worker complained of pain to her right leg. She described her pain as sharp, aching, burning, throbbing, and shooting, rated 6/10. She also had difficulty sleeping due to pain. The physical examination revealed tenderness in the right and left lumbar paravertebral regions and diminished sensation in the L5 and S1 distribution on the right. There were no diagnostic studies submitted for review. The injured worker had diagnoses of thigh/hip degenerative joint disease, lumbar degenerative disc disease, ankle/foot pain and knee/lower leg pain. The injured worker was recovering from a nonindustrial hip replacement surgery. The injured worker's medications included Senokot 8.6 mg, Celebrex 200 mg, Soma 350 mg, Avinza 60 mg, baclofen 10 mg, Dalmane 15 mg, etodolac 400 mg, Norco 10/325 mg and Lidoderm 5% adhesive patch. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Anti-inflammatory medications Page(s): 67-70, 22.

Decision rationale: The injured worker has a history of joint pain. The CAMTUS guidelines state that for patients with osteoarthritis NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. The injured worker has been prescribed this medication since at least 01/2013, which would exceed the guideline recommendations for short term use. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Within the provided documentation there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms for which this medication would be indicated. In addition, the request did not include the dosage, frequency, and quantity. Given the above, the request for Celebrex is not medically necessary.

DALMANE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The injured worker had a history of joint pain. The CAMTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has been prescribed this medication since at least 01/2013, which would exceed the guideline recommendations for short term use. Although, the documentation provided stated that the injured worker had difficulty falling asleep and difficulty staying asleep due to pain, the requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker demonstrating significant sleep disturbances and the severity of the disturbances in a quantitative form. There is no documentation provided of the medication's efficacy to support continuation. In addition, the request did not include the dosage, frequency, and quantity. Given the above, the request for Dalmane is not medically necessary.

SOMA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: The injured worker had a history of joint pain. The CAMTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment. Long term and continuous use may not be appropriate as they show no benefit in

terms of pain and overall improvement when compared to NSAIDs. Efficacy appears to diminish over time, and prolonged use of muscle relaxants may lead to dependence. The injured worker has been prescribed this medication since at least 01/2013, which would exceed the guideline recommendations for short term use. There is a lack of documentation provided of the medications efficacy to support continuation. There is a lack of documentation indicating the injured worker has spasms upon physical examination. In addition, the dosage, frequency, and quantity were not provided on the request. Given the above, the request for Soma is not medically necessary.