

Case Number:	CM14-0031830		
Date Assigned:	06/20/2014	Date of Injury:	02/11/1992
Decision Date:	08/05/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 & 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 63-year-old female who reported an injury on 02/11/1992. The mechanism of injury was not provided. On 06/06/2014, the injured worker presented with stable functional status and reduced pain due to medication management. She also reported continued cervical pain which was manageable in the 3/10 to 4/10 range and daily headaches. Current medications include Baclofen, Celebrex, Fentanyl, and Norco. Past medications included Celebrex. Upon examination, there was modest pain to facet loading in the greater occipital nerves and moderate to severe paraspinal, parascapular, and trapezial muscle spasticity without triggering. The diagnoses were post cervical spine surgery syndrome, cervicalgia, cervical facet arthropathy, cervical radiculopathy, hypertension, osteoarthritis, and generalized lumbar facet arthropathy and lower back pain. The provider recommended continuation of Cymbalta, Baclofen, and Celebrex. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant.

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

Decision rationale: The California MTUS Guidelines recommend Cymbalta as a first line option for treatment of neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, there is a lack of evidence of an objective assessment of the injured worker's pain level. The frequency of the medication was not provided in the request as submitted. Additionally, the injured worker has said to have had Cymbalta discontinued from the medication regimen as of 11/2013. As such, the request for Cymbalta 30 mg #28 is not medically necessary and appropriate.

Baclofen 10mg #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment. The benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. In this case, the injured worker has been prescribed Baclofen since at least 01/02/2013, and this exceeds the Guideline recommendations of short term treatment. Additionally, the provider's request for baclofen 10 mg with a quantity of 120 does not indicate the frequency of the requesting medication. As such, the request for Baclofen 10mg #120 is not medically necessary and appropriate.

Celebrex 200mg #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70..

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The Guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with exacerbations of chronic low back pain, the Guidelines recommend NSAIDs as an option for short term symptomatic relief. In this case, the injured worker has been prescribed NSAIDs for at least 1 year, an objective assessment of the injured workers pain level was not provided.

Additionally, the provider's request for Celebrex does not indicate the frequency of the prescribed medication. As such, the request for Celebrex 200mg #56 is not medically necessary and appropriate.