

Case Number:	CM14-0033904		
Date Assigned:	06/20/2014	Date of Injury:	05/03/2006
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 and is licensed to practice in 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 injured worker is a 55-year-old female with a reported date of injury on 02/03/2005. The mechanism of injury was reported as a fall. The injured worker presented with left upper extremity, right lower extremity, shoulder pain, and back pain. The clinical documentation indicates that the injured worker had an MRI of the left shoulder on 11/05/2007, which revealed mild degenerative changes in the inferior aspect of the glenohumeral joint with some spurring at that level. The injured worker previously participated in chiropractic care, physical therapy, cognitive behavioral therapy, ESI injections, acupuncture, and Botox, the results of which were not provided within the documentation available for review. The injured worker rated her pain at 8/10. On physical examination the physician indicated that the injured worker was self limiting with movement and with range of motion. The injured worker's diagnoses included work related fall, status post 02/13/06 and 06/03/2006 work related left shoulder injuries, cervical spondylosis, lumbar spondylosis, left shoulder degenerative changes, reported GI distress, overweight, sleep disturbance, sexual dysfunction, psychiatric comorbidity, and chronic neuropathic pain syndrome. The injured worker's medication regimen included Celebrex, Opana, Lexapro, and omeprazole. The request for authorization for renewal of Opana ER 5 mg #60 and Celebrex 200 mg #30 with 1 refill was not submitted. The rationale for the request included Opana to prevent the injured worker from going into withdrawal. The Celebrex was requested for musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal of Opana ER 5MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opiates should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response of treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker has utilized Opana prior to 2009. There is a lack of documentation related to the injured worker's pain relief, functional status, appropriate medication use and side effects. The ongoing therapeutic benefit and utilization of Opana was not provided within the documentation available for review. There is a lack of documentation related to the injured worker's functional deficits, to include range of motion values. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for renewal of Opana ER 5 mg #60 is not medically necessary.

Celebrex 200MG #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, selective Cox-2 NSAIDs: Celbrex Page(s): 70.

Decision rationale: The California MTUS Guidelines state that Celebrex works as an anti-inflammatory, analgesic, and antipruritic. Celebrex is recommended for the use and relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. According to the clinical documentation provided for review, the injured worker has utilized Celebrex prior to 08/2013. Previous conservative care to include physical therapy, chiropractic care, cognitive behavioral therapy, ESI, acupuncture and Botox was not provided within the documentation available for review. The therapeutic benefit in the long term utilization of Celebrex was not provided within the documentation available for review. In addition, the guidelines state that it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Celebrex 200 mg #30 with 1 refill is not medically necessary.