MAXIMUS Federal Services

Case Number:	CM14-0038891		
Date Assigned:	06/27/2014	Date of Injury:	04/13/2011
Decision Date:	08/26/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 45-year-old female who reported an injury on 04/13/2011. The mechanism of injury was when the injured worker was struck on the right side of her head when a door at work fell backwards on the cement. The diagnoses included neck pain, left shoulder impingement syndrome, and low back pain. Previous treatments included medication, medial branch block, TENS unit, chiropractic sessions, physical therapy, MRI, and x-rays. Within the clinical note dated 02/04/2014, it was reported the injured worker complained of pain which she rated 8/10 in severity. She described the pain as aching, throbbing, shooting, stabbing, piercing, sharp, burning, ants crawling, and pins and needles. Upon the physical examination, the provider noted the injured worker's left shoulder was elevated compared to the right shoulder. The provider noted the lower extremity range of motion was good. Shoulder range of motion was flexion to 160 degrees, and abduction to 120 degrees limited by pain. The provider noted tenderness to palpation of the lumbosacral spine as well as tenderness to palpation of the bilateral sacroiliac joint region. The injured worker had tenderness to palpation in the anterior and lateral aspect as well as superior aspect of the left shoulder. The provider requested Celebrex, Elavil, and Ultram. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The injured worker complained of pain which she rated 8/10 in severity. She described the pain as aching, throbbing, shooting, stabbing, piercing, sharp, burning, ants crawling, and pins and needles. The California MTUS Guidelines note non-steroidal anti-inflammatories are traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Celebrex may be considered if the patient has a risk of a gastrointestinal complication, but not for a majority of patients. There is lack of documentation to indicate the injured worker is at risk for or diagnosed with gastrointestinal problems. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Elavil 25 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The injured worker complained of pain which she rated 8/10 in severity. She described the pain as aching, throbbing, shooting, stabbing, piercing, sharp, burning, ants crawling, and pins and needles. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The documentation indicated the injured worker was treated for and diagnosed with neuropathic pain. Therefore, the request is not medically necessary.

Ultram ER 300 # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

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

Decision rationale: The injured worker complained of pain which she rated 8/10 in severity. She described the pain as aching, throbbing, shooting, stabbing, piercing, sharp, burning, ants crawling, and pins and needles. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of

abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing functional benefit and improvement. Additionally, the use of urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.