

Case Number:	CM14-0044238		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2011
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 47-year-old male who reported an injury on 08/09/2011. The mechanism of injury was not provided in the medical records. He is diagnosed with cervical radiculopathy. His past treatments included physical therapy, a home exercise program, epidural steroid injection and multiple medications. On 05/14/2014 the injured worker presented with complaints of pain in the back, neck, and bilateral shoulders. It was noted that the injured worker reported significant headaches with use of Celebrex, but he was able to reduce his Norco use to 1 tablet daily or less. His physical examination revealed decreased range of motion in the neck and normal motor strength in the bilateral upper extremities. On 01/31/2014 his medications were listed as Ambien 5 mg, Flexeril 10 mg, Norco 10/325 mg and Protonix. However, a 02/21/2014 clinical note indicated that his medications included trazodone, Celebrex and Norco. The treatment plan included continued use of Celebrex, manipulating the timing to see if he could tolerate the medication and decrease his headache symptoms. The request was received for trazodone and Celebrex. On 03/27/2014, it was noted that use of trazodone and Celebrex had helped the injured worker to almost avoid narcotics. The Request for Authorization form was not submitted within the medical records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to the California MTUS Chronic Pain Guidelines antidepressants may be recommended as a first line option for neuropathic pain. The clinical information submitted for review indicated that the injured worker was able to decrease his use of Norco with use of trazodone. However, evidence of efficacy was not submitted via quantifiable pain scales and documentation indicating an increased ability to perform his activities of daily living. Therefore, continued use of trazodone is not supported as medically necessary.

Celebrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: According to the California MTUS Chronic Pain Guidelines it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical information submitted for review indicated that the injured worker was able to reduce his use of Norco for chronic pain with use of Celebrex. However, he was noted to have significant side effects of headaches and a history of intolerance to NSAID medications. In addition, the documentation failed to show evidence of significant pain relief via quantifiable pain scales and increased function with use of this medication. Further, documentation did not indicate that proper assessment, including possible lab monitoring was performed in order to ensure the absence of significant adverse side effects with the use of this medication. The request is not medically necessary.