MAXIMUS Federal Services

Case Number:	CM14-0048693		
Date Assigned:	07/07/2014	Date of Injury:	02/11/2008
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 11, 2008.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants, topical agents; and NSAID therapy.In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for Flexeril, denied a request for cimetidine, denied a request for Pennsaid, and denied a request for Celebrex. The claims administrator apparently stipulated that the applicant did have a history of gastritis but apparently chose to deny the medications on the ground that the attending provider had not documented the applicant's response to the same. Somewhat, incongruously, the claims administrator also documented that the use of topical Pennsaid had diminished the applicant's pain levels from 4/10 to 2/10. The claims administrator then documented, again incongruously, that the applicant had reported the ongoing usage medications was beneficial. Celebrex was denied on the grounds that the attending provider was prescribing both the oral and topical NSAIDs. The claims administrator did not incorporate cited guidelines into its rationale.The applicant's attorney subsequently appealed.A February 27, 2014 progress note was notable for comments that the applicant reported persistent neck and shoulder pain.
The applicant stated the medications were working well. The applicant was reportedly sleeping better, it was stated. The applicant exhibited good exercise tolerance, it was suggested. The applicant was using Celebrex, cimetidine, Flexeril, and Pennsaid. Cimetidine was being employed on an as needed basis, it was stipulated. The applicant was obese, with a BMI of 35. The applicant stated that ongoing medication usage had diminished pain consumption from 4/10 to 2/10. The applicant's stated diagnoses were shoulder pain, neck pain, and cervical strain. It was stated that the applicant was walking up to an hour a day and was performed daily stretching

and home exercises. Multiple medications renewed. It was acknowledged that the applicant was not working with permanent restrictions in place.In a progress note of January 2, 2014, the attending provider wrote that the applicant was using cimetidine for medication-induced GI upset and that cimetidine had generated appropriate relief of dyspepsia complaints. It was again acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg. #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Cimetidine 400 mg. #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as cimetidine can be employed to combat NSAID-induced dyspepsia. In this case, the attending provider has posited that the applicant had developed dyspepsia with analgesic medication usage. The attending provider has, furthermore, posited the ongoing usage of Cimetidine has ameliorated the applicant's complaint of dyspepsia. Continuing Cimetidine is indicated. Therefore, the request is medically necessary.

Pennsaid 1.5% solution one (1) bottle with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical diclofenac/Voltaren section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac/Pennsaid is indicated for the relief of arthritic pain and joints which lends himself toward topical application, such as, for instance, ankles, elbows, feet, hands, knees, and/or wrists. In this case, however, the applicant does not seemingly carry diagnosis of small joint arthritis which would lend itself toward topical application. Rather, the applicant's primary pain generator is the left shoulder. As further noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder. The attending provider has not furnished any compelling applicant-specific rationale, narrative commentary, medical evidence which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

Celebrex 200 mg. #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX 2 inhibitors such as Celebrex may be considered if an applicant has the risk of GI complications but are not indicated for the majority of the applicants. In this case, however, the attending has posited that the applicant has a history of issues with reflux, heartburn, and/or dyspepsia, reportedly generated as a result of prior medication usage. The combination of Celebrex and cimetidine has reportedly kept said symptoms at bay, the attending provider has posited, and has, moreover, diminished the applicant's pain levels from 4/10 to 2/10, it has further been stipulated. Ongoing usage of Celebrex has, furthermore, ameliorated the applicant's ability to perform home exercises and walk up to a mile continuously, it has further been established. Continuing Celebrex, on balance, is indicated, given the applicant's reported improvements in pain and/or function achieved as a result of the same. Therefore, the request is medically necessary.