

Case Number:	CM14-0052136		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2004
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 48 year old female with a date of injury on 9/27/2004. Subjective complaints are of ongoing back pain and pain in the left arm. Physical exam showed left sacroiliac joint tenderness, positive provocation signs over the left SI joint and lumbar tenderness. Medications include Valium, Neurontin, Tramadol, Ranitidine, Zoloft, Trazodone, Seroquel, Celebrex and Miralax. Request is for Celebrex, pain patches (unknown type), and an unspecified pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, there is evidence of musculoskeletal pain

with objective findings on physical exam and on diagnostic studies. Therefore, the use of Celebrex is appropriate, and is medically necessary.

Pain Patches (uns): Upheld

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 TOPICAL ANALGESICS Page(s): PAGE 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. For this patient, office records do not specify the type of pain patch, or the intended use of the medication. Therefore, the request is not medically necessary.

Pain Clinic Program (uns): Upheld

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 CHRONIC PAIN PROGRAMS Page(s): 31-34.

Decision rationale: CA MTUS identifies specific criteria for inclusive in a functional restoration program including; adequate and through prior investigation, failure of previous treatment modalities, significant loss of function independently, not a surgical candidate, and patient exhibits motivation to change. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For this patient, documentation does not provide specifics on the type and duration of pain program that is requested. Therefore, the medical necessity of a pain program is not established.