

Case Number:	CM14-0078104		
Date Assigned:	07/18/2014	Date of Injury:	03/22/2001
Decision Date:	09/12/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation, 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 injured worker is a 52-year-old female with a reported injury on 03/22/2001. The mechanism of injury was not provided. The injured worker has neuropathic pain and myofascial pain secondary to chronic regional pain syndrome. The injured worker has had previous treatments of epidural steroid injections, heat, ice, and massage, which did prove to have some benefit. The injured worker had an examination on 07/16/2014. Complaints of her CRPS, that it was affecting her bilateral lower extremities. She also has left lower extremity radicular pain secondary to disc herniation. Her examination was for the purpose of refilling her medications. The injured worker described her pain at a level of 9/10, and it was low back pain that was achy and sharp that radiated from her left lateral upper leg down to the anterior thigh, and to the medial and posterior aspect of the calf region, into the arch of the feet. The injured worker has had a history of irritable bowel syndrome and diverticulitis; and was having diarrhea at the time of the examination. She had intermittent urinary dysfunction with episodes of incontinence. The injured worker is also a smoker of approximately a half to three-quarters of a pack per day. The examination did not reveal functional deficits, although the injured worker did have range of motion in lumbar function down to 90 degrees, and she had paravertebral muscle fullness in bilateral thoracic and lumbar paraspinal muscles. Her reflexes were a 2+ bilaterally. Strength was a 5/5 bilaterally to her upper extremities and her lower extremities, except for the flexion at 4+/5. Her sensation was decreased throughout her left lower extremity to soft touch, with the exception of the lateral distal aspect of the left leg. The medication list consisted of Duragesic patch, Levorphanol, Norco, Zantac, Colace, Celebrex, Cymbalta, Medical Marijuana, and Aspirin. The recommended plan of treatment was to renew

her medications, and to pursue smoking cessation. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: The request for Celebrex 200 mg #120 is not medically necessary. California MTUS Guidelines recommend NSAIDs for Osteoarthritis at the lowest dose for the shortest period of time in patients with moderate to severe pain. The injured worker does have a history of irritable bowel syndrome and diverticulitis causing her diarrhea. The use of Celebrex is for the relief of signs and symptoms of Osteoarthritis, Rheumatoid Arthritis, and Ankylosing Spondylitis. There is no evidence of NSAIDs for long-term effectiveness for pain or function. The efficacy of the medications was not provided. The injured worker has been on this medication at least since 01/2014. There is a lack of evidence to support the number of 120 pills of this medication without further evaluation and assessment. Furthermore, the request does not specify directions as far as frequency and duration. Therefore, the clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for the Celebrex 200 mg #120 is not medically necessary.

Chantix (Unspecified dosage and qty.): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RXlist.com,Chantix,online database.

Decision rationale: The request for Chantix is not medically necessary. Chantix has been demonstrated to increase the likelihood of abstinence from smoking for as long as a year compared to the treatment of a placebo. The safety and efficacy of Chantix has not been completely established. There was evidence that the injured worker was on Chantix in 01/2014, and the efficacy of that was not provided as to whether it was beneficial for her. The use for the Chantix is for therapy and is more likely to succeed if patients are motivated to stop smoking. The directions and the duration of the Chantix were not applied in the recommendation, and there was no mention that the injured worker expressed the desire to stop smoking. There is a lack of clinical evidence to support the medical necessity of the Chantix. Therefore, the request for Chantix is not medically necessary.

Medical Marijuana: 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 Cannabinoids Page(s): 28.

Decision rationale: The request for medical marijuana is not medically necessary. The California MTUS Guidelines do not recommend cannabinoids. The California MTUS Guidelines state that in total, there are 11 states that have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. The injured worker has been on medical marijuana at least since 01/2014, and the efficacy of that medication was not provided. Furthermore, the request does not specify directions and the frequency of its use, and it is not able to be medically monitored accurately. Therefore, the request for the medical marijuana is not medically necessary.