

Case Number:	CM14-0094565		
Date Assigned:	07/25/2014	Date of Injury:	08/02/1993
Decision Date:	09/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who had a work related injury on 08/02/93. There was no clinical documentation of mechanism of injury. Prior utilization review on 05/20/14 Valium and Soma were modified, Aciphex and Celebrex were non-certified. Most recent clinical documentation submitted for review was dated 05/12/14. The injured worker complained of neck, upper back, shoulder and right arm pain and headaches. The injured worker had been authorized for upper cervical medium branch nerve radiofrequency neurotomy last performed in 08/13. Patient has continued elevation of pain when performing house cleaning and other home chores. The injured worker had increased discomfort in his neck, shoulders, and upper arms when mowing the lawn. The injured worker continued to have difficulty raising his left arm to shoulder level. Right shoulder movement remained improved. Right wrist motion remained limited and tender. Medication continued to allow performance of routine daily activities. The injured worker underwent C5-6 discectomy and fusion in 06/92. The injured worker then underwent surgery for the right wrist, resection of ganglion on two separate occasions 1993 and 1994. Pain was rated 5 on a good day, 8 on a bad day. Pain was constant. Aggravating factors were cold, activity, standing, walking. Alleviating factors were heat, cold, rest, lying down, and medication. Previous treatments nerve block injections, epidural steroid injections, narcotic pain medication, physical therapy, psychiatric/psychological. Physical examination: patient was well nourished well hydrated in no acute distress. Cervical exam right anterior posterior surgical scars. Moderate crepitation during range of motion. Tenderness tightness, no spasm of the cervical paraspinals, trapezii and levator scapula muscles. Increased in range of motion stiffness/tenderness. Trapezial and levator scapula muscle bands and trigger points. Marked apprehension to cervical range of motion. Forward flexion 20 degrees lateral flexion to the right and left 20 degrees. Hyperextension 25 degrees. Right lateral rotation 20 degrees left lateral

rotation 10 degrees. Spurling maneuver positive centrally, increased neck upper back and facet loading during Spurling maneuver. Lumbosacral examination flexion to 30 degrees. Hyperextension to 5 degrees. Right lateral bending 10 degrees. Left lateral bending 10 degrees. Straight leg raise was negative bilaterally. Gait was normal. Strength decreased right wrist strength due to multiple surgeries. Moderately impaired strength, left shoulder due to pain levels. Shoulder abduction rated 4/5, right biceps right triceps rated 5/5. Right wrist extensor 4+/5 hand grip 4+/5. Inner osseous 5/5. Left upper extremity shoulder abduction 4/5 deltoid 4/5 biceps 5/5 triceps 5/5. Lower extremities strength 5/5 to manual motor testing. Normal sensation to pin prick in upper extremities and lower extremities. Normal vibratory sensation in the upper extremities and lower extremities. Reflexes 2+ in upper extremities and lower extremities. Assessment diagnosis chronic intractable pain syndrome. Biceps tendinitis on the left. Left acromioclavicular joint osteoarthritis. Post-laminectomy syndrome cervical spine. Rotator cuff syndrome bilaterally. DeQuervain tenosynovitis on the right. Status post arthrodesis C4-5 5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

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

Decision rationale: As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200mg, #30 cannot be established as medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. However, abrupt cessation of this medication can be harmful and requires a slow taper over 2-4 weeks. The request, as stated, is not medically necessary.

Valium 5mg #90: 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 Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for this medication cannot be recommended as medically necessary at this time.