

Case Number:	CM14-0097323		
Date Assigned:	07/28/2014	Date of Injury:	05/15/2008
Decision Date:	12/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

Claimant is a 48 year female injured worker with date of injury 5/15/08 with related cervical, thoracic, lumbar, and right shoulder pain. Per progress report dated 6/13/14, the injured worker rated her pain 8/10 without medications and 0/10 with medications. Per physical exam there were palpable spasms noted in the bilateral cervical paraspinal muscles and bilateral trapezius with positive twitch response. Treatment to date has included physical therapy and medication management. The date of UR decision was 6/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of

any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review indicates that the injured worker has complete relief of pain with the use of her medications. She notes that with her medications she has an improved ability to perform ADL's such as cooking and cleaning along with the ability to ambulate more than 1 mile and sit more than 1 hour with her current medications. She stated that without her current medications she is unable to perform her ADL's, able to walk less than 1 block, and sit less than 30 minutes due to pain. It was noted that the injured worker had signed narcotic agreement on file, did not exhibit an aberrant drug seeking behavior, and had UDS consistent with prescribed medications. I respectfully disagree with the UR physician, the documentation supports the request. The request is medically necessary.

Tylenol #3 #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,92.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The documentation submitted for review indicates that the injured worker has complete relief of pain with the use of her medications. She notes that with her medications she has an improved ability to perform ADL's such as cooking and cleaning along with the ability to ambulate more than 1 mile and sit more than 1 hour with her current medications. She stated that without her current medications she is unable to perform her ADL's, able to walk less than 1 block, and sit less than 30 minutes due to pain. It was noted that the injured worker had signed narcotic agreement on file, did not exhibit an aberrant drug seeking behavior, and had UDS consistent with prescribed medications. I respectfully disagree with the UR physician, the documentation supports the request. The request is medically necessary.

Celebrex 200mg #30: Upheld

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

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is considered not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: Per California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines p 66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The documentation submitted for review indicates that the injured worker has been using this medication long term. As the MTUS only recommends this class of drug short-term, the request is not medically necessary.