

<b>Case Number:</b>	CM14-0193545		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	05/03/1997
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 65 year old male with an injury date on 5/3/97. Patient complains of right shoulder pain that radiates into the right upper extremity, pain rated 5/10 with medications and 8/10 without medications per 10/15/14 report. The patient states that without medications, it is difficult to do any daily activities, especially his elbow per 10/15/14 report. The patient states his pain level has remained unchanged since last visit, and had a new injury to left leg after stepping into a pothole and twisting his left leg per 4/2/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnosis is right shoulder pain. A physical exam on 10/15/14 showed "right shoulder range of motion limited, with extension at 10 degrees." The patient's treatment history includes TENS unit, medication (opioids, anticonvulsant, NSAIDs, muscle relaxant). The treating physician is requesting Celebrex 200mg #30 with 3 refills, Oxycontin 20mg #135, and Colace 100mg #60. The utilization review determination being challenged is dated 10/2/14. The requesting physician provided treatment reports from 1/8/14 to 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

**Decision rationale:** This patient presents with right shoulder pain, right upper extremity pain. The patient has been taking Celebrex since 1/8/14 report. Treating physician states that "medications are working well" per 6/25/14 report, but does not include any specific documentation regarding improvement in pain and function due to use of Celebrex. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been using Celebrex for more than 9 months without documentation of pain relief or functional improvement. Regarding medications for chronic pain, MTUS page 60 states "A record of pain and function with the medication should be recorded." The request is not medically necessary.

**Oxycontin 20mg #135:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with right shoulder pain, right upper extremity pain. The patient has been taking Oxycontin since 1/8/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Oxycontin, stating "medications are working well" per 6/25/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

**Colace 100mg #60:** 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 Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment

**Decision rationale:** This patient presents with right shoulder pain and right upper extremity pain. The patient has been taking Colace since 5/28/14 report, and has been taking Senna since 1/8/14 report. Regarding Opioid-induced constipation treatment, ODG recommends that prophylactic treatment of constipation should be initiated. As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case, the patient is on opioids and prophylactic treatment of which constipation is indicated. However, there is no discussion regarding the necessity of taking 2 drugs for constipation, and no documentation about the effectiveness since patient began taking Colace on 6/25/14. The requested Colace 100mg #60 is not indicated at this time. The request is not medically necessary.