

Case Number:	CM14-0204165		
Date Assigned:	12/16/2014	Date of Injury:	01/29/2010
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/29/10 when she developed right upper extremity pain while unloading tomatoes from a palette. Treatments included physical therapy, medications, injections, and a wrist brace. She was seen by the requesting provider on 06/18/14. She was having ongoing symptoms including back pain radiating into her right foot with numbness. Medications were Norco, ibuprofen, and Biofreeze. Physical examination findings included decreased right lower extremity sensation and an absent ankle reflex. The assessment references possible right shoulder surgery. Imaging results were reviewed showing mild tendinopathy. Norco, Relafen, Celexa, and Biofreeze were prescribed. Authorization for physical therapy for the lumbar spine was requested. On 07/16/14 medications are referenced as decreasing pain to a level of 5/10 and allowing her to perform light housework and walk for approximately one half-hour. She had been seen for a second orthopedic evaluation. On 08/13/16 urine drug screening was performed. On 10/08/14 physical therapy for the lumbar spine was pending. The urine drug screen test results had been consistent with her prescribed medications. The claimant was evaluated for physical therapy on 10/21/14. As of 11/04/14 she had attended three treatment sessions. She was seen by the requesting provider again on 11/05/14. Medications are referenced as decreasing pain from 9/10 down to 4-5/10 and lasting for 3-4 hours allowing performance of household tasks. Norco 10/325 mg #60, Relafen #60, Celexa #30, and Biofreeze gel were refilled. Right shoulder surgery was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 67-71.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain and shoulder pain. She continues to be treated with medications. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen of 2000 mg/day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Celexa 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain and shoulder pain. She continues to be treated with medications. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Celexa is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. The main role of and SSRI may be in addressing psychological symptoms associated with chronic pain. The requested Celexa dosing is within guideline recommendations and therefore medically necessary.

Biofreeze roll-on x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Biofreeze Cryotherapy Gel

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain and shoulder pain. She continues to be treated with medications. Biofreeze Gel contains menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. It is recommended as an optional

form of cryotherapy for acute pain. In this case, the claimant is being treated for chronic pain without identified new injury or exacerbation. Therefore, Biofreeze Gel was not medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain and shoulder pain. She continues to be treated with medications. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/Acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (Morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.