

Case Number:	CM14-0204344		
Date Assigned:	12/16/2014	Date of Injury:	06/28/2010
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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 57 year old male, who was injured on the job during March 23, 2004 through June 6, 2010, from a cumulative trauma. The injured worker was diagnosed with lumbar disc protrusion, right shoulder arthritis, left shoulder sprain/strain, right wrist tenosynovitis, right carpal tunnel syndrome, sleep disturbance and trigger finger on the right. The injured worker has undergone cervical fusion surgery February 5, 2014, right shoulder surgery December 26, 2013 and left carpal tunnel release surgery July 15, 2014. According to the progress note of January 8, 2015 (176), the injured worker rated pain and weakness of bilateral wrist 7-8/10; 0 being no pain 10 being the worst pain. The pain radiated into both hands. The elbows constant dull pain 8/10, radiating to the biceps. The injured worker had an electrodiagnostic study which showed normal cervical spine and upper extremities showed no acute or chronic denervation potentials in any of the muscles tested. Bilateral moderate carpal tunnel syndrome was identified with left ulnar sensory neuropathy. The injured worker wears a left tennis elbow brace. The injured worker continues postoperative physical therapy for the right wrist. According to the progress note of June 23, 2014 was taking gabapentin, Norco, Carisoprodol, Xanax and baby aspirin. The injured worker felt the Norco and anti-inflammatory medications were not giving relief from symptoms. No adverse effects from prescription medications were noted in the documentation submitted for review. On December 1, 2014, the UR Modified prescriptions for Norco and Xanax, due to, the MTUS guidelines for opioid use not recommended for long term use and opioid weaning. The UR also denied authorization for Celebrex, due to, the MTUS guidelines for non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with cumulative trauma of lumbar disc protrusion, right shoulder arthritis, left shoulder sprain/strain, right wrist tenosynovitis, right carpal tunnel syndrome, sleep disturbance and trigger finger on the right. The current request is for Norco 10/325 mg #120. The treating physician states that the patient has constant neck pain with stiffness as well as constant severe sciatic pain. The right shoulder is "on/off." The left wrist is improving with a decrease in pain. The physician's report is handwritten and partially illegible. MTUS guidelines 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 aberrant 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 has not provided documentation as to the 4As. There is no measurement of increase in functional improvement or decrease in pain. There are no extenuating circumstances as to why treatment should be outside the recommended guidelines. Therefore this request is not medically necessary.

Xanax 1mg #30: 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: The patient presents with cumulative trauma of lumbar disc protrusion, right shoulder arthritis, left shoulder sprain/strain, right wrist tenosynovitis, right carpal tunnel syndrome, sleep disturbance and trigger finger on the right. The current request is for Xanax 1 mg #30. The treating physician states that the patient has constant neck pain with stiffness as well as constant severe sciatic pain. The right shoulder is "on/off." The left wrist is improving with a decrease in pain. The physician's report is handwritten and partially illegible. The MTUS guidelines state that 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." In this case, the treating physician has been prescribing Xanax since at least 8/25/15. There are no extenuating circumstances as to why treatment should be outside the recommended guidelines. Therefore this request is not medically necessary.

Celebrex 200mg #30: 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 NSAIDs Page(s): 67-68.

Decision rationale: The patient presents with cumulative trauma of lumbar disc protrusion, right shoulder arthritis, left shoulder sprain/strain, right wrist tenosynovitis, right carpal tunnel syndrome, sleep disturbance and trigger finger on the right. The current request is Celebrex 200mg #30. The treating physician states that the patient has constant neck pain with stiffness as well as constant severe sciatic pain. The right shoulder is "on/off." The left wrist is improving with a decrease in pain. The physician's report is handwritten and partially illegible. The MTUS guidelines state that NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." Also, "There is no evidence of long-term effectiveness for pain or function." In this case, the treating physician has been prescribing Celebrex at least since 8/25/14 with no documentation as to functional improvement or pain improvement. MTUS on page 60 requires documentation of pain and function when prescribing medication for chronic pain. There are no extenuating circumstances as to why treatment should be outside the guidelines. Therefore this request is not medically necessary.