

Case Number:	CM14-0207130		
Date Assigned:	12/19/2014	Date of Injury:	01/12/2004
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 of 01/12/04. Per the 11/17/14 report, the patient presents with neck, lower back and right shoulder pain. Pain is rated 5/10 with medications and 9/10 without. The reports do not state if the patient is working. Examination of the cervical spine reveals restricted range of motion with tenderness at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Lumbar spine examination shows restricted range of motion and paravertebral muscles tenderness on palpation and trigger point with twitch response along with radiating pain on both sides. Lumbar facet loading is positive bilaterally. The patient's diagnoses include: 1. Lower back pain 2. Disc disorder cervical 3. Cervical disc degeneration 4. Cervical radiculopathy. Medications are listed as: Celebrex, Nexium, Ketoprofen/lidocaine, Flexeril, Lidoderm patch, Vicodin, and Levothyroxine. The utilization review is dated 12/02/14. Three progress reports were provided for review from 06/30/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Flexeril 10mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The patient presents with neck, lower back and right shoulder pain rated 5/10 with medications and 9/10 without. The current request is for 30 tablets of Flexeril 10mg with 1 refill (Cyclobenzaprine) per the 11/17/14 report. The 12/02/14 utilization review modified this request from #30 with 1 refill to #15 with no refills. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show the patient has been prescribed this medication since at least 06/30/14. The 11/17/14 report states the medication is for spasms and helps relax the patient's muscles which allows improved sleep. In this case, the MTUS recommends this medication for short term use of 2-3 weeks, and the reports show the patient is using the medication on a long term basis. The treater does not provide a rationale for use outside guidelines. The request IS NOT medically necessary.

30 Capsules of Celebrex 200mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61, 22.

Decision rationale: The patient presents with neck, lower back and right shoulder pain rated 5/10 with medications and 9/10 without. The current request is for 30 Capsules of Celebrex 200mg with 1 refill (an NSAID) per the 11/17/14 report. The 12/02/14 utilization review modified this request from 1 refill to 0 refills. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The reports provided show the patient has been prescribed this medication since at least 06/30/14. The 11/17/14 report states Celebrex is for anti-inflammatory pain and reduces achy bone pain and inflammation. The treater further states that the current regimen of medications manages the patient's pain well and improves her overall function. Without medications the patient would be more sedentary. The MTUS states that this medication may be considered if the patient has a risk of GI complications. The reports provided do not document this. On 09/05/14 the treater states, "She states she was having severe stomach pains from some bad fruit she ate and presented to the ER for tx. She states endoscopy was done which per pt was normal." In this case, lacking evidence of GI complications per MTUS, the request IS NOT medically necessary.

60 Tablets of Vicodin 5/300mg with 1 refill: Upheld

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

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

Decision rationale: The patient presents with neck, lower back and right shoulder pain rated 5/10 with medications and 9/10 without. The current request is for Vicodin 5/300mg with 1 refill (Hydrocodone, an opioid) per 11/17/14 report. The 12/02/14 utilization review modified this request from 1 refill to no refills. MTUS Guidelines pages 88 and 89 states, "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. The reports provided show the patient has been prescribed this medication since at least 06/30/14. The 11/17/14 report states that the patient is stable on the medication regimen which improves pain and overall function. The reports provided do show the use of pain scales to assess pain in the two most recent reports. Pain is rated 2/10 with and 8/10 without medications on 09/05/14 and 5/10 with and 9/10 without on 11/17/14. ADL's are not fully documented. The treater does state on 11/17/14 that the patient recently returned from vacation and did well and that pain medications allow her to cook, do laundry and other simple household chores more comfortably. However, this information does not provide objective information that shows a significant change with use of this medication. Opiate management issues are only partially addressed. The treater does state that a detailed discussion with the patient was made on the risks, benefits and side effects of medications. The treater mentions a pain contract and that CURES was run on 09/05/14. UDS's are documented; however, the most recent is dated 08/03/11 and is noted to be within normal limits. No recent Urine Toxicology reports are provided or discussed. No outcome measure are provided. In this case, there is not sufficient documentation of ADL's and opiate management to support long term opioid use per MTUS. The request IS NOT medically necessary.