

Case Number:	CM14-0209180		
Date Assigned:	12/22/2014	Date of Injury:	12/20/2002
Decision Date:	02/18/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old male with an injury date of 12/20/02. The 11/11/14 report states the patient presents with ongoing left sided neck pain that radiates to the left shoulder blade area and occasionally to the right shoulder blade along with severe cramps in the upper back. Current pain is 9/10, best pain is 4/10 with medications and pain is 10/10 without. He is not working. Examination of the bilateral shoulders reveals tenderness over the subacromion with mildly positive impingement signs bilaterally and mild crepitus on circumduction. Neck range of motion is limited. Cervical compression causes neck pain that radiates into the left shoulder girdle area. Upon palpation there is muscle spasm in the cervical trapezius area. There is some altered sensory to light touch over the dorsum of the left forearm and hand by comparison to the right upper extremity counterpart. The patient's diagnoses include:1. History of cervical and thoracic sprain/strain with myofascial pain disorder2. Disc herniations C3, 4, 5, 6 causing mass effect on the spinal cord per MRI with left radicular symptoms and shoulder pain3. Cervicobrachial syndrome (08/04/14 report)The patient has consulted with a neurosurgeon and may be a candidate for the neck surgery. The neurosurgeon recommends clearance by an orthopedic surgeon to rule out pain from the shoulder. Continuing medications are listed as: Norco, Flexeril and Celebrex. The utilization review is dated 11/24/14. Reports were provided for review from 01/15/13 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with left sided neck pain radiating to the left shoulder blade and occasionally to the right along with severe cramps in the upper back. Best pain is 4/10 with medications. Current pain is 9/10 and pain without medications is 10/10. The current request is for Norco 10/325mg quantity 90 (Hydrocodone, an opioid). The 11/24/14 utilization review states this is a prospective request for the period 11/11/14 to 01/20/15 and modified this request from #90 to #15. 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 4 A's (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 01/15/13. The 11/11/14 report states, "He states the medications I give him are helpful. He reports 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all." The reports do show the routine use of pain scales to assess pain. Best pain is rated 7-8/10 on 04/22/14; 4-8/10 on 06/17/14 and 4-9/10 on 11/11/14. However, the information provided mentions no specific ADL's to show a significant change with use of this medication. The treating physician does partially address opiate management issues. On 11/11/14 and 06/17/14 the treating physician states Urine Drug Screens have been appropriate; however, the dates of drug screens are not documented. It is noted that the patient is under a narcotic contract with the treating physician's office. However, there is no discussion of side effects or aberrant behavior. No outcome measures are provided. In this case, ADL's have not been sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.

Flexeril 10mg quantity 45: Upheld

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

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

Decision rationale: The patient presents with left sided neck pain radiating to the left shoulder blade and occasionally to the right along with severe cramps in the upper back. Best pain is 4/10 with medications. Current pain is 9/10 and pain without medications is 10/10. The current

request is for Flexeril 10mg quantity 45 (Cyclobenzaprine). The 11/24/14 utilization review states this is a prospective request for the period 11/11/14 to 01/20/15. 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 treating physician states that medications provide 50% pain relief and functional improvement for this patient and Flexeril is used for severe muscle spasms. The reports provided show the patient has been prescribed this medication since at least 01/15/13. MTUS recommends this medication for short-term use of 2-3 weeks and the patient has been prescribed the medication on a long-term basis. There is no discussion of a rationale for use outside of guidelines. Lacking recommendation by MTUS, the request is not medically necessary.

Celebrex 200mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with left sided neck pain radiating to the left shoulder blade and occasionally to the right along with severe cramps in the upper back. Best pain is 4/10 with medications. Current pain is 9/10 and pain without medications is 10/10. The current request is for Celebrex 200mg quantity 60. The 11/24/14 utilization review states this is a prospective request for the period 11/11/14 to 01/20/15. MTUS Anti-inflammatory medications page 22 states, "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 treating physician states this medication is for inflammation and pain and further states that current medications improved the patient's pain and function by 50%. The reports provided show the patient has been prescribed Celebrex since at least 01/15/13. Per MTUS, this medication may be considered for patients with a risk of GI complications. However, GI complications are not documented in the reports provided. The request is not medically necessary.