MAXIMUS Federal Services

Case Number:	CM14-0209872		
Date Assigned:	12/18/2014	Date of Injury:	05/22/2000
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
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 58 year old female with an injury date of 05/22/00. As per progress report dated 11/10/14, the patient complains of mild to moderate neck pain, headache, left wrist pain and left elbow pain. She is also experiencing spasms in the neck. The symptoms worsen when she turns her neck on either side, looks up, or looks down. Physical examination of the right wrist reveals tenderness and weak hand grip. Flexion is resisted with pain at 10 degrees while extension is forced with pain at 10 degrees. Physical examination of the left wrist also reveals tenderness and weak hand grip. Flexion is active with pain at 10 degrees while extension is forced with pain at 10 degrees. The range of motion is reduced by 25% due to pain. There are trigger points in trapezius, rhomboid and supraspinatus muscles. The patient has also been diagnosed with major depressive disorder, single Episode, moderate, as per QME report dated 09/02/14. The patient is status post tendonitis with surgery in 2002, as per progress report dated 11/10/14. The patient has received physical therapy in the past. She has also benefited from TENS unit, and paraffin wax bath. Medications include Celebrex, Zanaflex, Tramadol, Elavil, Nexium and Sucralfate, as per the same report. The patient is currently on social security, as per progress report dated 11/10/14. X-ray of the Right Wrist, 11/18/13, as per QME report dated 09/02/14: Benign bone island of the scaphoid Diagnoses, 11/10/14:- Over use syndrome, Cervical spine- Smoker- Status post right wrist surgery 2002- Chronic pain syndromeThe treater is requesting for (a) Celebrex 200 mg # 60 with three refills. (b) Nexium 40 Mg # 30 (c) Sucralfate 1 mg # 90 with three refills. (d) Zanaflex 4 mg # 90. The utilization review determination being challenged is dated 11/25/14. Treatment reports were provided from 09/02/14 - 11/10/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60 with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,64, 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; medication for chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with mild to moderate neck pain, headache, left wrist pain and left elbow pain along with spasms in the neck, as per progress report dated 11/10/14. The request is for CELEBREX 200 mg # 60 WITH THREE REFILLS. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only one progress report and a QME psychiatric evaluation report were provided for review. While the QME report did not discuss Celebrex, the progress report, dated 11/10/14, states that Celebrex is being prescribed to reduce pain. The treater does not document when the medication was used for the first time. There is no discussion about decrease in pain or improvement in function due to the NSAID. However, given the patient's severe pain for which Celebrex is generally indicated, the medication can be taken at the treater's discretion. This request IS medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64, 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with mild to moderate neck pain, headache, left wrist pain and left elbow pain along with spasms in the neck, as per progress report dated 11/10/14. The request is for NEXIUM 40 mg # 30. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, only one progress report and a QME psychiatric evaluation report were provided for review. While the QME report did not discuss Nexium, the progress report, dated 11/10/14, states that Nexium is being prescribed for "chronic use of NSAIDS gastritis." However, the progress report does not provide any other details about the patient's

gastrointestinal symptoms. Additionally, the UR letter states that an IMR final determination letter of 08/28/14 noted an "AME evaluation that documented a pre-existing diagnosis of gastritis and GERD with the use of Nexium that predated the injury and there were no notes that documented increased symptoms from the use of Celebrex ..." There is no GI risk assessment. The patient is under 65 years of age and available reports do not document the use of ASA, corticosteroids, and/or an anticoagulants as well. Hence, this request IS NOT medically necessary.

Sucrafalate 1mg #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64, 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter ; http://www.medcinenet.com/sucralfate/article.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. National Library of Medicine, at http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681049.html,

Decision rationale: The patient presents with mild to moderate neck pain, headache, left wrist pain and left elbow pain along with spasms in the neck, as per progress report dated 11/10/14. The request is for SUCRALFATE 1 mg # 90 WITH THREE REFILLS. The MTUS, ACOEM and ODG guidelines do not discuss Sucralfate. However, MedlinePlus, a service of the U.S. National Library of Medicine, at http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681049.html, states that "Sucralfate is used to treat and prevent the return of duodenal ulcers (ulcers located in first part of the small intestine). Treatment with other medications, such as antibiotics, may also be necessary to treat and prevent the return of ulcers caused by a certain type of bacteria (H. pylori) Sucralfate is in a class of medications called protectants. It sticks to damaged ulcer tissue and protects against acid and enzymes so healing can occur. In this case, only one progress report and a QME psychiatric evaluation report were provided for review. While the QME report did not discuss Sucralfate, the progress report, dated 11/10/14, states that Sucralfate is being prescribed for "chronic use of NSAIDS gastritis." However, the progress report does not provide any other details about the patient's gastrointestinal symptoms. Additionally, the UR letter states that an IMR final determination letter of 08/28/14 noted an "AME evaluation that documented a pre-existing diagnosis of gastritis and GERD with the use of Nexium that predated the injury and there were no notes that documented increased symptoms from the use of Celebrex or need for Sucralfate in addition to Nexium." Hence, this request IS NOT medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63 through 66.

Decision rationale: The patient presents with mild to moderate neck pain, headache, left wrist pain and left elbow pain along with spasms in the neck, as per progress report dated 11/10/14. The request is for ZANAFLEX 4 mg # 90. MTUS Guidelines pages 63 through 66 states recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, only one progress report and a QME psychiatric evaluation report were provided for review. While the QME report did not discuss Zanaflex, the progress report, dated 11/10/14, states that Zanaflex is being prescribed to reduce pain. The treater does not document when the medication was used for the first time. There is no discussion about decrease in pain or improvement in function due to the drug. Although most muscle relaxants are approved for short-term use, Zanaflex can be used for an extended period of time. However, the report does not have the relevant documentation with regards to improvement in pain and function required by MTUS for all chronic pain medications. This request IS NOT medically necessary.