

Case Number:	CM15-0102548		
Date Assigned:	07/16/2015	Date of Injury:	12/13/2013
Decision Date:	09/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 12/13/2013. She has reported subsequent low back, bilateral upper extremity, lower extremity and right shoulder pain and was diagnosed with status post lumbar surgery on 06/17/2014 with persistent low back and lower extremity pain, status post right shoulder surgery on 03/13/2014 with persistent residual pain and bilateral carpal tunnel type symptoms. Treatment to date has included medication, physical therapy and surgery. The only medication documentation submitted is a physical medicine and rehabilitation new patient consultation note dated 05/21/2015 and an MRI of the right shoulder dated 02/12/2015. In the 05/11/2015 progress note, the injured worker complained of low back pain radiating to the bilateral lower extremities, right foot numbness and residual foot drop, persistent pain in the right shoulder that was rated 7-8/10 when reaching to the side and 0 when she was not using the shoulder, numbness and tingling in the hands and wrist and elbow pain. Without medications, the pain was rated as 10/10 and with medication the pain was rated as 7/10. Objective findings were notable for decreased range of motion of the right shoulder, positive impingement maneuvers for Hawkin's and Neer's, tenderness to palpation of the right shoulder, positive Tinel's sign on the right wrist with tenderness to palpation, decreased range of motion of the lumbar spine, positive straight leg test on the right lower extremity at 40 degrees, markedly positive pelvic rock and sustained hip flexions, diminished right Achilles reflex and slight weakness in the right ankle. Work status was documented as temporarily totally disabled. A request for authorization of MS Contin 15 mg

#60, Cymbalta 60 mg #30, retrospective request for Celebrex 200 mg #30 and Norco 10/325 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Morphine.

Decision rationale: According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There was minimal documentation submitted and it's unclear as to how long the injured worker had been prescribed this medication. There was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. Pain was in the severe range during the most recent physician office visit. There was no documentation as to the average pain experienced and the duration of pain relief. There was no documentation of a change in work status. There was also no evidence of monitoring for potential drug misuse or dependence and no urine drug screen results were submitted. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: As per CA MTUS guidelines, Cymbalta is approved by the FDA for treatment of depression, generalized anxiety disorder and as a first line option for chronic neuropathic pain and the starting dose is 20-60 mg/day. The most recent progress note indicates that this medication had been previously prescribed but there was minimal documentation submitted and it's unclear as to how long the injured worker had been taking the medication. Pain was in the severe range during the most recent physician office visit. There was no documentation of improvement in pain or function with the use of cymbalta. The documentation

is insufficient to establish the medical necessity of the requested medication. Therefore, the request for authorization of Cymbalta is not medically necessary.

Retro: Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: Celebrex (Celecoxib) is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of gastrointestinal (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. In this case, there is no documentation of the medication's pain relief effectiveness or functional improvement, as compared to functionality using a non-prescription anti-inflammatory medication. Pain was in the severe range during the most recent physician office visit and there was no evidence of significant reduction of pain. There was no documentation of a change in work status. The documentation is insufficient to establish the medical necessity of the requested service. The requested medication is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Norco (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The most recent progress note indicates that this medication had been previously prescribed but there was minimal documentation submitted and it's unclear as to how long the injured worker had been taking the medication. There was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. Pain was in the severe range during the most recent physician office visit. There was no documentation as to the average pain experienced and the duration of pain relief. There was no documentation of a change in work status. There was also no evidence of monitoring for potential drug misuse or dependence and no urine drug screen results were

submitted. Medical necessity of the requested item has not been established. Therefore, the request for authorization of Norco is not medically necessary.