

Case Number:	CM15-0192798		
Date Assigned:	10/06/2015	Date of Injury:	09/27/2013
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, California
 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 applicant is a represented 54-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 27, 2013. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for Ultracet, Celebrex, and Norflex. The claims administrator referenced a September 2, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was off work. The applicant had two separate workers' compensation claims, it was reported. 5/10 shoulder pain complaints were noted. The applicant was using a four lead-week TENS unit. The applicant was smoking a pack a day, it was reported. The attending provider apparently prescribed and/or renewed Celebrex, Protonix, Norflex, Effexor, Desyrel, and Ultracet. It was stated the applicant was pending shoulder surgery. The applicant's past medical history was notable for dyslipidemia and hypertension. There was no mention of the applicant's having issues with reflux, it was incidentally noted. On September 11, 2015, the applicant was given Norco and Keflex and placed off work, on total temporary disability. The attending provider contended that the applicant was pending shoulder surgery on September 17, 2015. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Ultracet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for his decision to employ Ultracet, a short-acting opioid, on September 2, 2015 with a subsequent decision to prescribe Norco, a second short-acting opioid, on September 11, 2015. Therefore, the request was not medically necessary.

Celebrex 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who had heightened risk for development of GI complications, here, however, there was no mention of the applicant's having any GI complications or historical GI issues on office visit of September 2, 2015 or September 11, 2015. There was no mention of the applicant's having issues with reflux, heartburn, dyspepsia, prior GI bleeding, peptic ulcer disease, etc. A clear rationale for provision of Celebrex in favor of nonselective NSAIDs such as Motrin or Naprosyn was not furnished here. Therefore, the request was not medically necessary.

Norflex 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Finally, the request for Norflex, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS

Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended as a second line option to combat acute exacerbation of chronic low back pain, here, however, the 60-tablet supply of Norflex at issue represents a chronic, long-term, and/or twice daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.