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| Case Number: | CM15-0194007 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 02/08/1999 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 68 year old female, who sustained an industrial injury on 2-8-1999. Medical records indicate the worker is undergoing treatment for cervical herniated nucleus pulposus, bilateral carpal tunnel syndrome and bilateral wrist strain. A recent progress report dated 9-21-2015, reported the injured worker complained of bilateral wrist and hand pain and numbness and cervical spine pain, rated 7 out of 10 without medications and 2 out of 10 with medications. She reports functional improvement with current medications in increased ability to drive, shop and cook. Physical examination revealed cervical paraspinal tenderness with muscle spasm and myofascial trigger points and bilateral wrist tenderness. Treatment to date has included medication management and the current plan was to discontinue Norco and try Tramadol and continue Celebrex (since 7-16-2013) and Robaxin (since 7-16-2013). On 9-21-2015, the Request for Authorization requested a urine drug screen, Tramadol 50mg #100 with 2 refills, Celebrex 200mg #60 with 2 refills and Robaxin 750 mg #90 with 2 refills. On 10-1-2015, the Utilization Review modified the request for Tramadol 50mg #100 with 2 refills to #100 with no refills and noncertified the request for Celebrex 200mg #60 with 2 refills and Robaxin 750 mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg po q6h prn #100 with two (2) refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: A recent progress report dated 9-21-2015, reported the injured worker complained of bilateral wrist and hand pain and numbness and cervical spine pain, rated 7 out of 10 without medications and 2 out of 10 with medications. She reports functional improvement with current medications in increased ability to drive, shop and cook. Physical examination revealed cervical paraspinal tenderness with muscle spasm and myofascial trigger points and bilateral wrist tenderness. The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as tramadol with refills.

Celebrex 200mg po bid #60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: A recent progress report dated 9-21-2015, reported the injured worker complained of bilateral wrist and hand pain and numbness and cervical spine pain, rated 7 out of 10 without medications and 2 out of 10 with medications. She reports functional improvement with current medications in increased ability to drive, shop and cook. Physical examination revealed cervical paraspinal tenderness with muscle spasm and myofascial trigger points and bilateral wrist tenderness. The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID with a demonstrated history of GI risk of ulcer or nsaid related

gastropathy. MTUS supports the use of celebrex for pain (mild to moderate) in relation to musculoskeletal type with a demonstrated history of NSAID related gastropathy. As such, the medical records provided for review do not support the use of celebrex for the insured.

Robaxin 750mg po tid #90 with two (2) refills: 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: A recent progress report dated 9-21-2015, reported the injured worker complained of bilateral wrist and hand pain and numbness and cervical spine pain, rated 7 out of 10 without medications and 2 out of 10 with medications. She reports functional improvement with current medications in increased ability to drive, shop and cook. Physical examination revealed cervical paraspinal tenderness with muscle spasm and myofascial trigger points and bilateral wrist tenderness. Muscle relaxants are recommended under MTUS guidelines for only short-term use as efficacy appears to diminish over time. The medical records provided for review report ongoing muscle spasm with recommendations for treatment with robaxin. However, the medical records do not reflect the length of time the medications have been used or objectively qualify or quantify the degree of improvement from any of the medications for muscle spasm. As MTUS supports that efficacy appears to diminish over time with this class of medications and the medical records do not support objective functional benefit, the medical records do not support the use of robaxin for the insured.