

Case Number:	CM15-0195680		
Date Assigned:	10/09/2015	Date of Injury:	04/13/2012
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 79 year old female, who sustained an industrial injury on April 13, 2012. The injured worker was diagnosed as having chronic myofascial sprain and strain of the cervical spine, multilevel degenerative disc disease, cervical myelopathy, cervical spondylosis, cervical radiculopathy, and osteoarthritis of the shoulders. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the bilateral knees, home exercise program, medication regimen, epidural injection, and x-ray of the left shoulder. In a progress note dated September 10, 2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral upper extremities. Examination performed on September 10, 2015 was revealing for decreased lordosis of the cervical spine, tenderness, stiffness, and spasms to the cervical spine and the cervical paraspinal muscles, decreased range of motion to the cervical spine with pain, tenderness to the bilateral shoulders, decreased range of motion to the bilateral shoulders with pain, positive impingement and sulcus signs to the bilateral shoulders. The progress note from September 10, 2015 did not include the injured worker's medication regimen. The injured worker's pain level was rated an 8 on a scale of 0 to 10, but did not indicate the injured worker's pain level prior to and after use of her medication regimen to determine the effects of the injured worker's medication regimen. The progress note from August 14, 2015 included the medication regimen of Vicodin ES and included the prescriptions for Vicodin ES (since at least prior to October of 2014), Celebrex (since at least August of 2014), and Prilosec (since at least prior to October of 2014). The progress note from August 14, 2015 indicated that the injured worker's pain level was rated a 9 without the use of the injured worker's medication regimen and rated the pain level a 7 with the use of her medication regimen. On September 10, 2015 the treating physician requested the medications Vicodin ES 7.5-325mg with a quantity of

60 and Celebrex 200mg with a quantity of 30 with 2 refills noting current use of these medications. The treating physician also requested Methocarbamol (Robaxin) 750mg with a quantity of 30 with 2 refills, but did not indicate the specific reason for the requested medication. On September 22, 2015 the Utilization Review denied the retroactive requests for Vicodin ES 7.5-325mg with a quantity of 60, Celebrex 200mg with a quantity of 30 with 2 refills, and Methocarbamol 750mg with a quantity of 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Vicodin ES 7.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale, Pain, 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a history of multiple work injuries with current date of injury in April 2012 and continues to be treated for radiating neck pain and lower extremity pain. Medications are referenced as decreasing pain from 9-10/10 to 6-8/10. When seen, she was having neck pain radiating into both upper extremities. There had been no improvement after an epidural injection. She was having shoulder pain. Physical examination findings included a decreased cervical lordosis and stiff posture. There was cervical spine tenderness and paraspinal muscle stiffness and spasm. There was decreased and painful cervical spine range of motion. There was bilateral shoulder tenderness. There was decreased and painful shoulder range of motion with negative impingement testing. At the previous visit in August 2015 there were no muscle spasms. Extra strength Vicodin was prescribed. Celebrex and methocarbamol were prescribed with two refills. The claimant has a history of heart burn, esophageal reflux, and stomach upset. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Retro: Celebrex 200mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The claimant has a history of multiple work injuries with current date of injury in April 2012 and continues to be treated for radiating neck pain and lower extremity pain. Medications are referenced as decreasing pain from 9-10/10 to 6-8/10. When seen, she was having neck pain radiating into both upper extremities. There had been no improvement after an epidural injection. She was having shoulder pain. Physical examination findings included a decreased cervical lordosis and stiff posture. There was cervical spine tenderness and paraspinal muscle stiffness and spasm. There was decreased and painful cervical spine range of motion. There was bilateral shoulder tenderness. There was decreased and painful shoulder range of motion with negative impingement testing. At the previous visit in August 2015 there were no muscle spasms. Extra strength Vicodin was prescribed. Celebrex and methocarbamol were prescribed with two refills. The claimant has a history of heart burn, esophageal reflux, and stomach upset. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant is over age 65 and there is a history of gastrointestinal upset. Guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). The dose prescribed is consistent with that recommended. The request is medically necessary.

Retro: Methocarbamol 750mg # with 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: The claimant has a history of multiple work injuries with current date of injury in April 2012 and continues to be treated for radiating neck pain and lower extremity pain. Medications are referenced as decreasing pain from 9-10/10 to 6-8/10. When seen, she was having neck pain radiating into both upper extremities. There had been no improvement after an epidural injection. She was having shoulder pain. Physical examination findings included a decreased cervical lordosis and stiff posture. There was cervical spine tenderness and paraspinal muscle stiffness and spasm. There was decreased and painful cervical spine range of motion. There was bilateral shoulder tenderness. There was decreased and painful shoulder range of motion with negative impingement testing. At the previous visit in August 2015 there were no muscle spasms. Extra strength Vicodin was prescribed. Celebrex and methocarbamol were prescribed with two refills. The claimant has a history of heart burn, esophageal reflux, and stomach upset. Methocarbamol is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, the claimant was having new muscle spasms since the previous visit. However, a three month supply was prescribed is not medically necessary.