

Case Number:	CM15-0207760		
Date Assigned:	10/26/2015	Date of Injury:	03/12/2007
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial-work injury on 3-12-07. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, shoulder pain, chronic pain syndrome, myofascial pain, elbow pain, hand pain and depression. Medical records dated (3-26-15 to 9-24-15) indicate that the injured worker complains of neck and bilateral shoulder pain, bilateral elbow pain, left hand pain and weakness. She has a history of bilateral frozen shoulders and has not worked since 2010. She has been having increased left hand and thumb pain and grip strength continues to decrease affecting her ability to dress herself and cook. The physician indicates that she has Gastroesophageal reflux disease (GERD) and increased asthma symptoms with non-steroidal anti-inflammatory drugs. The neck pain is described as aching and burning and rated 6-7 out of 10 on the pain scale which has been unchanged. Per the treating physician report dated 9-24-15 the injured worker has not returned to work. The physical exam dated 9-24-15 reveals that she is unable to abduct either shoulder more than 90 degrees, the right arm only gets to 70 degrees, there is left sided neck tenderness, posterior shoulder pain, and tenderness in both shoulders. There is tenderness medially and laterally in both elbows, there is left sacroiliac joint tenderness, diffuse left buttock tenderness, there is spasm in the left scalene and trapezius muscle, tenderness in the thenar eminence left hand, decreased range of motion left wrist and decreased grip strength left hand. Treatment to date has included pain medication, Celebrex, Pepcid, Tylenol with codeine, Lidocaine ointment, Celecoxib and Skelaxin since at least 3-26-15, off work, cold, heat, massage and other modalities. The physician indicates that urine drug

screen report on 3-13-15 was consistent with medications prescribed. The requested services included Meloxicam 7.5mg Qty 60, Skelaxin 800mg Qty 30 with one refill, and Urine drug screen. The original Utilization review dated 10-1-15 non-certified the request for Meloxicam 7.5mg Qty 60 and Skelaxin 800mg Qty 30 with one refill. The request for Urine drug screen was partially certified for 10 panel random for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results X 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 03/12/007 and presents with pain in her bilateral shoulder, bilateral elbow, and left hand. The request is for MELOXICAM 7.5 MG QTY 60. The RFA is dated 09/24/15 and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines, Anti-inflammatory medications section, page 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The patient is diagnosed with neck pain, shoulder pain, chronic pain syndrome, myofascial pain, elbow pain, hand pain and depression. There are no discussions provided regarding how Meloxicam has impacted the patient's pain and function. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. The request does not meet the guidelines. The requested Meloxicam IS NOT medically necessary.

Skelaxin 800mg Qty 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 03/12/007 and presents with pain in her bilateral shoulder, bilateral elbow, and left hand. The request is for SKELAXIN 800 MG QTY 30 WITH ONE REFILL. The RFA is dated 09/24/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 03/26/15. MTUS Chronic Pain

Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): Recommend non- sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." The patient is diagnosed with neck pain, shoulder pain, chronic pain syndrome, myofascial pain, elbow pain, hand pain and depression. MTUS recommends Skelaxin for short-term relief in patients with chronic LBP. In this case, the patient does not present with low back pain and the patient has been taking this medication as early as 03/26/15 which does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 03/12/007 and presents with pain in her bilateral shoulder, bilateral elbow, and left hand. The request is for a URINE DRUG SCREEN. The utilization review denial letter did not provide a rationale. The RFA is dated 09/24/15 and the patient's current work status is not provided. There are no prior urine drug screens provided for review. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with neck pain, shoulder pain, chronic pain syndrome, myofascial pain, elbow pain, hand pain and depression. Review of the reports provided does not indicate if the patient had a recent prior UDS. As of 09/24/15, the patient is taking Celebrex, Percid, Tylenol #3, and Skelaxin. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. However, given that the patient had not had a urine drug screen conducted in 2015 and is taking opiates, the requested urine drug screen IS medically necessary.