

Case Number:	CM15-0044029		
Date Assigned:	03/13/2015	Date of Injury:	11/18/2008
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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 59-year-old female who sustained an industrial injury on November 26, 2008. She has reported neck pain and has been diagnosed with cervicalgia, spinal cord compression, and migraine. Treatment has included surgery and medication. Currently the injured worker complains of pain 9/10 with numbness and tremors. The treatment request included morphine ER 60 mg # 90 and celebrex 200 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The most recent report provided is dated 02/08/14 and states that the patient presents with neck pain rated 9/10. The current request is for MORPHINE ER 60 mg #90. The RFA is not included. The utilization review is dated 03/02/15. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review from 09/14/13 to 02/18/14 do not discuss this request; however, they do show that the patient was prescribed an opioid, Oxycodone on 09/14/13 and 11/10/13. The treating physician states the patient's pain is 9/10; however, the report does not state if this is with or without medications. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. Adverse side effects of opioids are not discussed, and opiate management issues are not fully documented. The 02/18/14 report notes a UDS was ordered, but no UDS results are documented or included for review. Adverse behavior is not discussed. In this case, sufficient documentation of the 4A's has not been provided as required by the MTUS guidelines. The request IS NOT medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 11/18/2008 and presents with neck pain. The request is for CELEBREX 200 mg #30. There is no RFA provided. The only report provided from 02/18/14 indicates that the patient is to remain off work until 06/30/2014. MTUS Guidelines, page 22, on anti-inflammatory medications state that anti-inflammatory are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. In addition, MTUS, page 60 and 61, states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, the report with the request is not provided. There is no indication of when the patient began taking Celebrex, nor does the only report provided mention it. The patient is diagnosed with cervicgia, migraine, and spinal cord compression. While MTUS Guidelines support the use of anti-inflammatory medications as a first-line treatment, the records provided do not show any functional improvement while using this medication. It is unknown when the patient began taking it. Therefore, the requested Celebrex IS NOT medically necessary.