MAXIMUS Federal Services

Case Number:	CM15-0053280		
Date Assigned:	03/26/2015	Date of Injury:	11/18/1999
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: Family Practice

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 male who sustained a work related injury November 18, 1999. According to a physician's office visit, dated December 9, 2014, the injured worker presented with right shoulder pain. The location of the pain is deep and superior and radiates to the arm, wrist, hand, neck, and upper back. There is numbness over the forearm and hand and shoulder spasms. The pain is relieved with ice, heat stretching, and narcotics. Assessment is documented as shoulder pain and bruxism. Treatment plan included prescribed refills of medications and follow-up appointment in two months. A physician's office visit, dated March 10, 2015, finds the injured worker presenting with the same right shoulder pain, rated 6/10, and no change since last visit. Physician noted bruxism is moderate in intensity and symptoms are constant. Treatment plan included electric heat shoulder wrap. Medications include Pristiq, Celebrex, Oxycodone 10 mg #90, Oxycontin 40 mg #90 and Soma. Review of systems is positive for irritability and negative for depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Celebrex 200mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 21-22, 29.

Decision rationale: According to the MTUS guidelines, 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. The MTUS guidelines state that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, there is no documentation of significant improvement in pain and function despite ongoing use of Celebrex. In addition, the medical records do not establish that the injured worker is at risk of gastro-intestinal complications to support Cox-2 inhibitor Celebrex. The request for 1 prescription of Celebrex 200mg #60 with 5 refills is not medically necessary and appropriate.

1 prescription of Pristiq 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Desvenlafacine (Pristiq).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and Stress Chapter.

Decision rationale: According to ODG, Desvenlafaxine (Pristiq) is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, the injured worker is diagnosed with shoulder pain and bruxism. Review of systems is negative for depression. In addition, the medical records do not establish that the injured worker has failed first line tricylic anti-depressants such as nortriptyline and amitriptyline. The request for 1 prescription of Pristiq 100mg #30 with 2 refills is not medically necessary.

1 prescription of Oxycodone 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, it is recommended that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the injured worker is on Oxycodone 10 mg #90 and Oxycontin 40 mg #90 which is equivalent to an MED (morphine

equivalent dosage) of 225, which far exceeds the recommend amount. In addition, there is evidence of significant improvement in pain and function despite high opioid levels. The injured worker continues to complain of significant pain rated 6/10. The MTUS guidelines note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. References note that analgesia may not occur with open-ended escalation of opioids. Per the MTUS guidelines, it has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The abrupt discontinuation of opioids is not recommended and Utilization Review has rendered modification of this medication. The request for 1 prescription of Oxycodone 10mg #90 with 1 refill is not medically necessary and appropriate.