

Case Number:	CM15-0058626		
Date Assigned:	04/03/2015	Date of Injury:	11/05/1999
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic low back, shoulder, knee, and wrist pain reportedly associated with an industrial injury of November 5, 1999. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for Celebrex, Tylenol with Codeine, and Soma. An October 8, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On October 8, 2014, the applicant reported ongoing complaints of low back pain, hip pain, shoulder pain, wrist pain, knee pain, and temporomandibular joint disorder. The applicant was under the concurrent care of a psychiatrist, it was reported. The applicant was given refills of Celebrex, Tylenol with Codeine, Soma, and Prilosec. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Medication efficacy was not clearly detailed. The applicant's complete medication list was not attached. In a September 2, 2014 psychiatric evaluation, it was acknowledged that the applicant was no longer working. The applicant was receiving pension, Workers Compensation indemnity benefits and Social Security benefits, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 22.

Decision rationale: No, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who have a history of or risk factors for GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing Celebrex usage. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 4. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing Celebrex usage. The attending provider failed to outline any quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Celebrex usage. An October 8, 2014 progress note at issue was thinly and sparsely developed and did not outline how (or if) ongoing usage of Celebrex had or had not been beneficial in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.

Tylenol w/Codeine #4 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tylenol with Codeine, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider failed to outline any quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tylenol No. 4 usage in his October 8, 2014 progress note. Therefore, the request was not medically necessary.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Finally, the request for carisoprodol (Soma) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Tylenol No. 4, an opioid agent. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.