

Case Number:	CM15-0058929		
Date Assigned:	04/22/2015	Date of Injury:	07/08/2000
Decision Date:	06/25/2015	UR Denial Date:	03/17/2015
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: Connecticut, California, Virginia
 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 injured worker is a 59 year old female, who sustained an industrial injury on 7/8/2000. The mechanism of injury is unclear. The injured worker was diagnosed as having right side carpal tunnel, right shoulder fibromyalgia, lumbago, cervicgia, and sciatica. Treatment to date has included medications, magnetic resonance imaging, TENS, and chiropractic treatment. The request is for Acetaminophen-Codeine #4, Zoloft, Flexeril, and Celebrex. The records indicate she has been utilizing Celebrex since February 2013, Zoloft since March 2013, Flexeril (Cyclobenzaprine) since April 2013, and Acetaminophen-Codeine #4 since April 2013. In April 2013, she asked for an increase in dosage for Cyclobenzaprine due to spasms, and an increase in Zoloft while she was quitting smoking. On 3/16/2015, she had last been seen on 11/17/2014. She rated her pain level as 4-5/10 with medications, and it is reported that a prescription for Tylenol #4 given on 11/17/2014 had lasted her until now. She reported continued benefit of Flexeril for muscle spasms and the records indicate she has been stable on this medication for 10 years. She indicated she had run out of Zoloft and had been using ½ doses to carry her through. The treatment plan included: cervical and lumbar spine magnetic resonance imaging and TENS unit. She reports worsening low back pain with numbness in the thighs and knees, and worsening neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen-Codeine #4 300-60 mg #210 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review has appropriately modified the request to facilitate weaning. Given the lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment coupled with a lack of risk assessment, etc., the request for Tylenol with Codeine as initially written is not considered medically necessary.

Zoloft 100 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-14.

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective and stating that SSRIs have not been shown to be effective for low back pain; SSRIs have also not been proven to aid in improvement of function. The patient in this case does not appear to have dysfunction pain responsive to this medication based on the provided medical records, and without a formal psychological diagnosis to warrant an antidepressant (like major depression, etc.) the continued use of an SSRI for this work-related injury cannot be considered medically necessary based on the provided records and lack of functional improvement. Therefore the modification to facilitate weaning per utilization review is reasonable and the initial request is not considered medically appropriate.

Flexeril 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril
Page(s): 41-42.

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on the drug previously, and currently no objective evidence of spasm on exam, Flexeril cannot be considered medically necessary.

Celebrex 200 mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22, 30, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The MTUS recommends use of NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Based on the provided documents, the request for continuation of Celebrex is reasonable given the patient's prior GI concerns with medications and likely inflammatory nature of pain. Therefore, the request is considered medically appropriate.