

Case Number:	CM15-0092273		
Date Assigned:	05/18/2015	Date of Injury:	08/17/2009
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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 58 year old male, who sustained an industrial injury on 08/17/2009. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included right shoulder rotator cuff tear; right shoulder impingement; acromioclavicular joint arthrosis; status post right shoulder surgery; migraine headaches; status post C5-C6 and C6-C7 anterior cervical discectomy and fusion; and lumbar sprain. Treatment to date has included medications, diagnostics, home exercise program, and surgical intervention. Medications have included Celebrex, Valium, Tramadol, and Amitriptyline. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued neck spasms, on and off with popping sensation as her rotates his neck from left to right; cannot lift more than ninety degrees in abduction on the right side; continued migraine headaches; and the medications allow him to be functional and able to accomplish his daily activities. Objective findings included areas of tenderness or spasm bilaterally upon paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius; cervical spine range of motion is restricted; right shoulder range of motion is barely ninety degrees in abduction; pain upon palpation at L4-L5 and L5-S1; painful and somewhat restricted range lumbosacral range of motion; gait pattern is slightly antalgic; and he is walking with single point cane. The treatment plan has included the request for Valium 10mg #60; Celebrex 100mg #60; Amitriptyline 25mg #30; and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines page(s): 24.

Decision rationale: The patient presents with neck pain and headaches. The request is for VALIUM 10MG #60. The request for authorization is dated 04/01/15. Physical examination of the cervical spine reveals paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius, shows areas of tenderness or spasm bilaterally. Right rotation and right tilt is restricted. Range of motion of the right shoulder, he can barely go to 90 degrees in abduction. Exam of lumbosacral spine reveals pain noted at the L4-L5 and L5-S1. Extension is somewhat restricted and painful. Patient will continue home exercise to tolerance. Patient's medications include Valium, Celebrex and Amitriptyline. Per progress report dated 04/29/15, the patient is permanent and stationary. MTUS guidelines state on page 24 that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per progress report dated 04/01/15, treater's reason for the request is "for muscle relaxation." The patient has been prescribed Valium since at least 08/06/14. However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for additional Valium #60 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Celebrex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient presents with neck pain and headaches. The request is for CELEBREX 100MG #60. The request for authorization is dated 04/01/15. Physical examination of the cervical spine reveals paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius, shows areas of tenderness or spasm bilaterally. Right rotation and right tilt is restricted. Range of motion of the right shoulder, he can barely go to 90 degrees in abduction. Exam of lumbosacral spine reveals pain noted at the L4-L5 and L5-S1. Extension

is somewhat restricted and painful. Patient will continue home exercise to tolerance. Patient's medications include Valium, Celebrex and Amitriptyline. Per progress report dated 04/29/15, the patient is permanent and stationary. MTUS guideline page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10- to-1 difference in cost." MTUS p60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Patient has been prescribed Celebrex since at least 08/06/14. NSAIDs are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. In this case, the treater does not discuss how this medication is used and with what efficacy. Additionally, the treater does not discuss GI complications, nor document that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Amitriptyline 25mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain medications for chronic pain page(s): 13-15, 60.

Decision rationale: The patient presents with neck pain and headaches. The request is for AMITRIPTYLINE 25MG #30. The request for authorization is dated 04/01/15. Physical examination of the cervical spine reveals paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius, shows areas of tenderness or spasm bilaterally. Right rotation and right tilt is restricted. Range of motion of the right shoulder, he can barely go to 90 degrees in abduction. Exam of lumbosacral spine reveals pain noted at the L4-L5 and L5-S1. Extension is somewhat restricted and painful. Patient will continue home exercise to tolerance. Patient's medications include Valium, Celebrex and Amitriptyline. Per progress report dated 04/29/15, the patient is permanent and stationary. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Treater does not specifically discuss this medication. The patient has been prescribed Amitriptyline since at least 11/05/14. Per progress report dated 04/29/15, treater notes, "he continues to use medication, which lowers his symptoms allowing him to be functional and able to accomplish his daily activities." In this case, treater has documented pain and function as indicated by guidelines. Therefore, the request IS medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with neck pain and headaches. The request is for URINE TOXICOLOGY SCREEN. The request for authorization is dated 04/01/15. Physical examination of the cervical spine reveals paracervical palpation from the base of the cranium to T1, including the rhomboids and trapezius, shows areas of tenderness or spasm bilaterally. Right rotation and right tilt is restricted. Range of motion of the right shoulder, he can barely go to 90 degrees in abduction. Exam of lumbosacral spine reveals pain noted at the L4-L5 and L5-S1. Extension is somewhat restricted and painful. Patient will continue home exercise to tolerance. Patient's medications include Valium, Celebrex and Amitriptyline. Per progress report dated 04/29/15, the patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 04/01/15, treater's reason for the request is "needed to narcotic usage, to identify substance abuse/drug interaction into avoid the future complications." The patient is prescribed Norco since at least 04/29/15, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.