

Case Number:	CM14-0126603		
Date Assigned:	08/13/2014	Date of Injury:	03/15/2012
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 49 year old male with complaints of neck pain, headache pain, and upper extremity pain. The date of injury is 3/15/12 and the mechanism of injury is motor vehicle impact injury leading to his current symptoms. At the time of request for Celebrex 200mg #30 and Percocet 10/325#50, there is subjective (neck pain, headache pain, upper extremity pain) and objective (hypertensive, incision scar right anterior neck, tenderness to palpation right trapezius, sub-occipital and cervical paraspinal musculature, trigger points right supraclavicular area with radiation into the hand, compression test positive with radiation into the right upper extremity/shoulder, restricted range of motion cervical spine, restricted range of motion right shoulder with old scar, impingement sign positive right shoulder) findings, imaging findings (3/6/14 motion plain x-rays cervical spine show anterior interbody fusion C6-7, no abnormal movement noted, degenerative disc spaces C4-5,C5-6), diagnoses (status post (s/p) MVA with multiple trauma, cervical sprain/strain, s/p fusion C6-7, persistent cervical and myofascial pain, bilateral cervical radicular symptoms/cervicobrachial syndrome, right shoulder sprain/strain, right shoulder myofascial pain, chronic pain syndrome with narcotic dependency), and treatment to date (surgery, medications, therapy, epidural steroid injections).

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of this pharmacologic therapy nor is there documentation of failure of naproxen 500mg which the patient had been taking regularly. Therefore, Celebrex 200mg is not medically necessary.

Percocet 10/325mg 2-3 tablets one a day as needed #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not mention any ongoing monthly evaluation of efficacy of this pharmacologic treatment, the request for Percocet 10/325 #50 is not medically necessary.