

<b>Case Number:</b>	CM14-0092063		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 28-year-old man who sustained a work related injury on July 15, 2011. Subsequently, he developed shoulder and low back pain. He was diagnosed with complex regional pain syndrome. Electrodiagnostic studies dated February 17, 2012 showed some borderline criteria for cubital tunnel syndrome. MRI of the right shoulder dated January 28, 2013 showed edema in the anterior portion of the deltoid muscle and partial tear of the supraspinatus tendon. On March 26, 2013, the patient underwent an arthroscopic glenoid debridement, subacromial bursectomy, arthroscopic rotator cuff interval and posterior capsular release, subacromial decompression, and excision of the CA ligament. He also underwent injection of the glenohumeral joint with Kenalog and Marcaine. He then underwent several stellate ganglion blocks on July 15th, 29th and August 12th of 2013 without long-term benefit. The patient then had another shoulder surgery on November 26, 2013 followed by 12 sessions of physical therapy for the right shoulder. According to a note dated May 6, 2014, the patient continues to have shoulder and low back pain. The pain has been worsening and he is unable to sleep. His pain is 8/10 with medications and can reach 10/10 without medications. His physical examination of the lumbar spine showed spasm with reduced range of motion. The patient was diagnosed with pain in joint shoulder and sprain/strain lumbar region. The patient has trialed Celebrex without documentation of efficacy. He has previously trialed Norco, Buprenorphine and fentanyl patches, without benefit. Furthermore, he was tried on 2 separate trials of a Medrol dose pack without relief. The UDS dated February 17, 2014 was negative for buprenorphine and oxycodone. The provider requested authorization for Docqplace and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docqlace 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Opioid induced constipation treatment.  
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)>.

**Decision rationale:** According to ODG guidelines, Docqlace is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore the use of Docqlace 100mg #60 is not medically necessary.

**Celebrex 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. Therefore, the prescription of CELEBREX is not medically necessary.