

Case Number:	CM14-0099425		
Date Assigned:	07/28/2014	Date of Injury:	11/01/2004
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is 57-year-old female who reported an injury on 11/01/2004. The mechanism of injury was not indicated. The injured worker had diagnoses including chronic neck pain due to degenerative disc with facet osteoarthropaty with radicular sympyoms into bilateral shoulders and arms and throraic outlet syndrome since 2004. Prior treatments included physical therapy, chiropractic treatment, acupuncture, home exercise program, biofeedback, and massage therapy. The injured worker previously underwent right shoulder surgery. Diagnostic studies were not included in the medical documents. The injured worker reported that pain was increased in the neck and radiatng down the bilateral upper extremities. A urine drug screen was performed on 03/27/2014 which was positive for nordiazepam, temazepam, and oxazepam, which was consistent with the injured worker's prescribed medication regimen. The urine drug screen was negative for Norco and Vicodin and their metabolites, which was inconsistent with the injured worker's urine drug screen. The clinical note dated 05/30/2014 noted the injured worker's cervical spine range of motion was decreased due to cervical pain and thoracic outlet syndrome. There were spasms and twitching of the muscle bellies noted and on ipsilateral rotation with flexion the injured worker had radicular pain into the bilateral arms. The motor functions was 5/5 in the bilateral upper extremities and the sensory perception was decreased to soft touch at the C6-7 dermatomes. Medications included Norco 5/325 mg and celeborex 200 mg. The treatment plan included recommendations for beginning Celebrex and Norco, referal for an MRI of the cervical spine, and a follow-up after 6 weeks for evaluation. The physician was requesting Norco 5/325mg, Quantity 30 and Celebrex 200mg, Quantity 60. The rationale for the request was to lessen her pain and improve her fuction, particularly her range of motion of both the shoulders and arms. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 5/325 mg quantity 30 in non-certified. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has utilized this medication since 02/28/2014. Within the documentation there is a lack of documentation indicating the injured worker's average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medical necessary.

Celebrex 200mg, Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Celebrex 200mg quantity 60 in non-certified. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has utilized this medication since 02/28/2014; therefore, the continued use of this medication would exceed the guideline recommendations for a short course of treatment. There is a lack of

documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medical necessary.