

Case Number:	CM14-0099923		
Date Assigned:	09/16/2014	Date of Injury:	06/01/2011
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 claimant is a 41-year-old woman who sustained a work-related injury on June 1, 2011. Subsequently, she developed chronic back pain. According to the progress note dated 5/29/2014, the patient was complaining of chronic back pain with a severity rated 8/10. Her physical examination demonstrated cervical tenderness with reduced range of motion, positive Spurling maneuver, lumbar tenderness with restricted range of motion and reduced sensation to light touch over the left C3-T1 dermatomes. The patient was prescribed Ibuprofen and Naproxen without success. The patient was also treated with TENS and physical therapy. The provider requested authorization to use Celebrex and Butrans.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Physician's Desk Reference and the Non-MTUS Official Disability Guidelines

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

Decision rationale: According to the MTUS guidelines, Celebrex is indicated in the case of pain and back pain, especially in the case of failure or contra-indication of NSAIDs (non-steroidal anti-inflammatory drugs). Although the patient was reported to not respond to the Ibuprofen and Naproxen, there is no clear documentation of the dose and duration of attempted use of these medications. There is no objective quantification of the effect of NSAIDs for the treatment of this patient's condition. There is no documentation of any contra-indication of NSAIDs or increased GI risk with their use. Therefore, the prescription of Celebrex is not medically necessary.

Butrans 5mcg/hr patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/butrans-patch.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: prescriptions should be from a single practitioner, taken as directed, and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; and the provider should document ongoing review 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Butrans is recommended to treat opioid addiction and to manage pain after detoxification in patients with a history of opioid addiction. It is also used for patients who need opioids around the clock for an extended period of time. There is no clear documentation that the patient is suffering from opioid addiction or is detoxified from the use of opioids. There is no documentation that the patient's condition is requiring continuous administration of opioids. Therefore, the request for Butrans 5mcg/hr patch #4 is not medically necessary.