

Case Number:	CM14-0210224		
Date Assigned:	12/23/2014	Date of Injury:	03/11/2008
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, arm, shoulder, and elbow pain reportedly associated with an industrial injury of March 11, 2008. In a Utilization Review Report dated November 27, 2014, the claims administrator failed to approve requests for Celebrex, Percocet, and Lyrica. RFA form received on November 19, 2014 and associated progress note of November 10, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated November 19, 2014, the applicant reported ongoing complaints of depression, insomnia, and chronic pain. The applicant was asked to continue cognitive behavioral therapy. The applicant was asked to remain off of work from a psychological perspective. The applicant was planning to try and volunteer at some point, it was stated. On November 10, 2014, the applicant reported persistent complaints of bilateral shoulder, wrist, hand, and elbow pain. The applicant reported difficulty performing activities of daily living as basic as household chores. The applicant was still having difficulty sleeping, it was acknowledged. The applicant had undergone two prior shoulder surgeries, it was further noted. In an applicant questionnaire dated November 12, 2014, the applicant acknowledged that she was disabled and receiving permanent disability benefits in addition to Workers' Compensation indemnity benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants in whom there is a risk of GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. The applicant continues to report difficulty performing activities of daily living as basic as doing her own household chores. The attending provider has failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing medication consumption, including ongoing Celebrex usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant is receiving permanent disability benefits in addition to Workers' Compensation indemnity benefits. The applicant's pain complaints appear heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing Percocet usage. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of the same. The applicant's continued comments to the effect that she is having difficulty performing her own household chores likewise do not make a compelling case for continuation of Percocet. Therefore, the request was not medically necessary.

Lyrica: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Pregabalin Page(s): 7, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin (Lyrica) is first-line treatment for neuropathic pain, this recommendation, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work. The applicant is receiving both Workers' Compensation indemnity and permanent disability insurance benefits, the treating has acknowledged. The applicant is apparently having difficulty performing activities of daily living as basic as household chores, despite ongoing Lyrica usage. Ongoing Lyrica usage has failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Lyrica usage. Therefore, the request was not medically necessary.