

Case Number:	CM14-0216359		
Date Assigned:	01/06/2015	Date of Injury:	12/14/2010
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 a 63-year-old male, with a reported date of injury of 12/14/2010. The results of the injury were neck pain, left shoulder pain, and right shoulder pain. The injured worker was rear-ended by another vehicle, while at work. The current diagnoses include neck pain, musculoligamentous sprain of the cervical spine, with upper extremity radiculitis; bulging disc at C3-4, C4-5, C5-6, and C6-7; right shoulder tendinitis; and status post C3-7 fusion. The past diagnoses include musculoligamentous sprain of the cervical spine, with upper extremity radiculitis; bulging disc at C3-4, C4-5, C5-6, and C6-7; right shoulder tendinitis; and bilateral wrist tendinitis. Treatments have included Percocet, Baclofen, Meloxicam, C3-7 fusion, and an MRI of the right shoulder on 12/22/2010. He had been on the medications for several months and had previously combined Baclofen with another muscle relaxant- Zanaflex. The progress report for the pain management consultation dated 11/10/2014 indicates that the injured worker had neck tightness and limited range of motion. He admitted that the medications were helping with the pain. It was noted that the injured worker had trouble driving because his left shoulder was really tight and stiff with pressure. There was occasional pain in the right shoulder, and weakness and tightness in both hands. The objective findings included tenderness over the right levator scapulae and rhomboids. On 10/27/2014, the treating physician recommended that the injured worker continue with Celebrex, Percocet, and Baclofen. The rationale for the request was not indicated. On 11/24/2014, Utilization Review (UR) denied the request for Percocet 7.5/325mg #120, four times a day, as needed; Baclofen 20mg #60 twice a day, as needed; Celebrex 200mg #60 twice a day. The UR physician noted that there was no documentation of a

significant change in the visual analog scale score, or functional improvement with the continued use of the requested medications, and no documentation of objective urine drug screen results. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months. There was no indication for Tylenol failure. There was no indication for combination with an NSAID and other opioids without significant improvement in pain(scores remained 6-8/10) or function. The continued use of Percocet is not medically necessary

Baclofen 20mg BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the claimant did not have the above diagnoses. The claimant had been on Baclofen along with other muscle relaxant for several months. There is no indication for long-term use. The use of Baclofen was not indicated and not medically necessary.

Celebrex 200mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70.

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. There was no indication for its use with opioids. The claimant;s pain remained at a 6-8. The continued use of Celebrex is not medically necessary.