MAXIMUS Federal Services

Case Number:	CM15-0002240		
Date Assigned:	01/13/2015	Date of Injury:	07/24/2012
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 38-year-old male who reported an injury on 07/24/2012 after trying to extract an element out of a washing line. On 11/04/2014, he presented for an evaluation regarding his work related injury. His medications included Celebrex 100 mg capsules 1 capsule twice a day, nortriptyline 10 mg 1 capsule by mouth at bedtime and tramadol 50 mg 1 by mouth daily as needed. It was noted that he had exhausted the clinical topic section of the CPMTG for managing chronic pain, and it was believed that it was time to have him evaluated for a functional restoration program. It was reported that his response to ibuprofen was helpful, but had been creating dyspepsia. A physical examination was not performed. He was diagnosed with unspecified shoulder bursa or tendon disorder, cervicalgia, brachial neuritis and degeneration of the cervical intervertebral disc. It was recommended that he undergo a help interdisciplinary pain rehabilitation program evaluation and continue his medications. The treatment plan was for Celebrex, nortriptyline, Norco and a help interdisciplinary pain rehabilitation program evaluation. A Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 100MG 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of low back pain and osteoarthritis/tendonitis. There should be documentation of objective improvement in function and a quantitative decrease in pain with use. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Celebrex. However, documentation regarding his response to this medication in terms of pain relief and objective improvement was not provided. In addition, it is unclear how long the injured worker has been using this medication; without this information, a continuation would not be supported as it is only recommended for short term treatment. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

NORTRIPTYLINE 10MG 1 PO Q HS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to the California MTUS Guidelines, tricyclic antidepressants are generally considered a first line agent for neuropathic pain unless they are ineffective, poorly tolerated or contraindicated. Based on the clinical documentation submitted for review, the injured worker was not noted to have neuropathic pain. Therefore, the request for the use of this medication is unclear. In addition, documentation regarding a satisfactory response to this medication in terms of pain relief and objective improvement in function was not clearly documented. Given the above, the request is not medically necessary.

TRAMADOL 50MG 1 QD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking tramadol for pain. However, documentation

regarding his response to this medication, such as a quantitative decrease in pain or an objective improvement in function was not clearly documented. In addition, no official urine drug screens or CURES reports were provided for review to validate the injured worker?s compliance with the medication regimen. In the absence of this information, the request for this medication would not be supported. As such, the request is not medically necessary.

HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-31.

Decision rationale: According to the California MTUS Guidelines, functional restoration programs are recommended where there is access to programs with proven successful outcomes or those with conditions that put them at risk for a delayed recovery. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic following his work related injury. However, there is a lack of documentation stating that the injured worker has a condition that would put him at risk of delayed recovery. In addition, documentation regarding the injured worker's prior treatments, such as recent physical therapy or injections, was not provided. Furthermore, there is a lack of documentation showing that there are no other treatment options in addressing the injured worker's symptoms. Given the above, the request is not medically necessary.