

Case Number:	CM15-0010177		
Date Assigned:	01/27/2015	Date of Injury:	12/14/2010
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey

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:

This 63 year old man sustained an industrial injury on 12/14/2010 when he rear ended another vehicle. Current diagnoses include cervicalgia, intervertebral cervical disc disorder with myelopathy, and degenerative cervical intervertebral disc. Evaluations include cervical spine MRI and x-rays. Treatment has included oral medications, injections, surgical intervention, and physical therapy. Physician notes dated 10/27/2014 show continued neck and shoulder pain as well as daily headaches. He is currently taking Percocet, Baclofen, and Meloxicam. He was taking Celebrex, but it was too expensive, however, he prefers Celebrex. Recommendations include restarting the Celebrex, as this is safer than NSAIDs, consider cervical epidural steroid injection, physical activity and regular exercise, follow up with the primary care physician, consider surgical options, baseline urine drug screen, refill medications, review old records, and continue treatment with other specialists. Physician notes on a PR-2 dated 11/10/2014 as well as physician notes dated 12/8/2014, show a similar assessment with continued medications including Celebrex and pain medications per pain management service. A request for authorization was submitted for Baclofen, Percocet, and Celebrex on 11/24/2014. On 12/16/2014, Utilization Review evaluated prescriptions for Percocet 7.5/325 mg QID PRN #120, Baclofen 20 mg BID PRN #60, and Celebrex 200 mg BID #60, that were submitted on 1/16/2015. The UR physician noted there is no documentation of significant pain rating change or objective functional improvement to warrant the continued use of the medications. The MTUS, ACOEM Guidelines, (or ODG) was cited. The Percocet was modified and the Baclofen and Celebrex were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use, Weaning of Medications, Oxycodone/Acetam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although it was reported that the worker "can't live without" his pain medications, including the Percocet, there was insufficient reporting on the direct and independent effect of Percocet on his overall function and pain levels. Measurable differences with and without the use of this medication found in the documentation would help justify continuation. Therefore, considering the documentation was incomplete regarding this evidence of benefit, the Percocet will be considered medically unnecessary. Weaning may be necessary.

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain, Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to suggest he was having an acute flare-up of muscle spasm and documentation suggested he was to use Baclofen chronically following this request for continuation, which is not a recommended use of this type of medication. Also, there was insufficient evidence documented which showed

direct functional improvement with the use of Baclofen. Therefore, the Baclofen will be considered medically unnecessary to continue.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, although it was reported that the worker "can't live without" his pain medications, including the Celebrex, there was insufficient reporting on the direct and independent effect of Celebrex on his overall function and pain levels. Measurable differences with and without the use of this medication found in the documentation would help justify continuation. Therefore, considering the documentation was incomplete regarding this evidence of benefit, and considering the long-term side effect risks associated even with this subclass of NSAID, which is albeit a lower risk than other NSAIDs, the Celebrex will be considered medically unnecessary.