

<b>Case Number:</b>	CM15-0112243		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/17/1999
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Texas, Florida, 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 injured worker is a 60-year-old female with an industrial injury dated 12/17/1999. Her diagnoses included pain in joint, shoulder region and reflex sympathetic dystrophy upper limb. Prior treatment included medications and diagnostics. She presents on 05/28/2015 with no significant changes in left shoulder or arm pain. The medications are somewhat keeping her pain at a tolerable level. She describes sleep quality as "terrible" due to left shoulder throbbing pain. She was averaging 2 hours of uninterrupted sleep. She has to get up every couple of hours due to her pain. She rates average pain as 7/10 and functional level since last visit was rated as 5/10. Physical exam showed ongoing baseline pain in her left shoulder with decreased range of motion. The treatment request is for Aciphex 20 mg #30, Celebrex 200 mg #60, Fentanyl patch 50 ugm #15, Fentora 100 ugm #28 and MS-IR 15 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 50ugm #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured now 16 years ago, with little to no improvement with multiple various interventions. In regards to Opiates, Long term use like Fentanyl patches, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Fentora 100ugm #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This is another form of Fentanyl, previously reviewed. As shared previously in regards to Opiates, Long term use like Fentanyl patches, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 68 of 127.

**Decision rationale:** There is no mention of Gastroesophageal Reflux disease or other gastrointestinal issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

**Celebrex 200mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues.

**Decision rationale:** The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex was appropriately not medically necessary, as criteria for appropriate usage under the evidence-based guides are not met.

**MS-IR 15mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.