

Case Number:	CM15-0127186		
Date Assigned:	07/13/2015	Date of Injury:	06/20/1995
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male with an industrial injury dated 06/20/1995. His diagnoses included chronic shoulder pain, status post rotator cuff and SLAP repair in 2005, chronic neck pain with cervical 4-7 (fusion in 1999.), post laminectomy syndrome, right wrist pain and chronic pain syndrome. Prior treatments included medications, surgery and diagnostics. He presented on 06/15/2015 for re-evaluation of his neck, right shoulder and upper extremity pain. He states he is doing better than at last appointment. When he takes all his medication, he does well. He complains of aching pain in the neck radiating to the right arm and the second and third finger with numbness and tingling. It also radiates up to his head causing headaches. He rates his pain as 8-10/10 before medication, coming down to 3-5/10 with medication. His pain is decreased with therapy, injections, and medications, sitting, standing and lying down. He notes functional improvements with his medication such as he is able to do gardening, walking, helping his father in law and neighbors. Physical exam notes tenderness at the paracervical muscles of the entire cervical spine. Range of motion is severely decreased in all fields. There was pain with impingement maneuvers of the right shoulder. Spurling was positive on the right. Sensation was decreased in the right lateral arm and the second and third finger of the right hand. The provider documents the injured worker requires opioid therapy. The clinical history, physical exam and imaging and diagnostic studies suggest that [REDACTED]'s pain is a combination of nociceptive pain and neuropathic pain. Treatment request is for one (1) prescription of Celebrex 200 mg #30 with 4 refills and One (1) prescription of Valium 10 mg #60 with 4 refills. The provider notes urine toxicology from 02/23/2015 and CURES report from 02/16/2015 were consistent with his medications. The injured worker had a signed opioid agreement on the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Celebrex 200mg #30 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. Furthermore, as with all medications, there should be routine reevaluation for efficacy and continued need. A prescription with 4 refills is not conducive to such reevaluation and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested celecoxib (Celebrex) is not medically necessary.

One (1) prescription of Valium 10mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.