

Case Number:	CM15-0022448		
Date Assigned:	02/12/2015	Date of Injury:	01/04/2013
Decision Date:	04/14/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 38-year-old female, who sustained an industrial injury on January 4, 2013. She reported neck and right shoulder pain. The injured worker was diagnosed as having right wrist carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the shoulder, conservative therapies including physical therapy and chiropractic care, pain medications and work restrictions. Currently, the injured worker complains of right shoulder pain, neck pain, right wrist pain and right hand pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She has been treated conservatively and surgically without resolution of the pain. Evaluation on July 29, 2014, revealed persistent carpal tunnel symptoms of the right hand and continued neck pain status post recent right shoulder surgery. Pain medication was requested. Evaluation on January 2, 2015, revealed an improvement of the range of motion of the right shoulder with the recent chiropractic care. The carpal tunnel pain was persistent and surgical intervention was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, Celebrex 200mg #60, DOS 12/5/14: 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: Retro, Celebrex 200mg #60, DOS 12/5/14 is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Celebrex. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Retro, Pantoprazole 20mg #90, DOS 12/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: Pantoprazole 20 mg #90 DOS 12/5/14 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

Retro, Cyclobenzaprine 7.5mg #90, DOS 12/5/14: 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 Cyclobenzaprine Page(s): 32.

Decision rationale: Retro, Cyclobenzaprine 7.5mg #90, DOS 12/5/14 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.