

Case Number:	CM15-0030291		
Date Assigned:	02/23/2015	Date of Injury:	04/08/2006
Decision Date:	06/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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 York
Certification(s)/Specialty: Internal 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 was a 53 year old female, who sustained an industrial injury, April 8, 2005. According to progress note of January 7, 2015, the injured workers chief complaint was lumbar back pain. The injured worker rated the pain at 9 out of 10 neck pain at 10 out of 10 and right shoulder 9 out of 10; 0 being no pain and 10 being the worse pain. The cervical neck pain was worse with anything. The right shoulder pain was worse with movement and better with cream and medication. The lumbar spine area was worse with activity and better heat and medication. The pain radiated down to the right calf. The physical exam noted limited range of motion to the right shoulder. The lumbar spine was negative for spinal lumbar radiculopathy, sensation was normal dermatomes were 2 plus. The injured worker was diagnosed with cervical strain, shoulder strain and lumbar strain. The injured worker previously received the following treatments physical therapy last in 2008, manual therapy, acupuncture, Norco, Celebrex, Ultram, Cymbalta and home exercise program. January 7, 2015, the primary treating physician requested authorization for prescriptions of Norco, Ultram, Celebrex, physical therapy for the neck quantity 10 and psychological pain consultation. On February 12, 2015, the Utilization Review denied authorization for prescriptions of Norco, Ultram, Celebrex, physical therapy for the neck quantity 10 and psychological pain consultation. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Unspecified dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's pain or level of function and there is no documentation of extenuating circumstances. With guidelines not being met and in the absence of significant response to treatment, the request for Norco (Unspecified dosage and quantity) is not medically necessary.

Ultram (Unspecified dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol (Ultram) is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Ultram. With MTUS guidelines not being met, the request for Ultram (Unspecified dosage and quantity) is not medically necessary.

Celebrex (Unspecified dosage and quantity): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs

Celebrex does not appear to interfere with the anti-platelet activity of aspirin and does not cause bleeding. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation shows that the injured worker has a history of Gastric bypass surgery, which would pose a risk of gastrointestinal bleeding on NSAIDs. The ongoing use of Celebrex to treat this injured worker's chronic pain is reasonable and appropriate. The request for Celebrex (Unspecified dosage and quantity) is medically necessary.

Physical Therapy for neck, quantity10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2nd edition, (2004) pages 173-175, TWC chapter neck and upper back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98- 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

Decision rationale: MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of neck sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care, with a fading of treatment frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The injured worker is diagnosed with cervical strain, shoulder strain and lumbar strain. Documentation shows no significant improvement with previous conservative treatment, including physical therapy, manual therapy, acupuncture and home exercise program. Physician reports fail to establish the medical necessity for additional outpatient physical therapy. With lack of specific functional improvement and per guidelines, the request for Physical Therapy for neck, quantity10 is not medically necessary.

Psychological Pain Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Disability, Referrals, pg 92.

Decision rationale: Referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing active treatment for chronic neck, shoulder and back pain with no significant objective improvement in level of function. Not having reached maximum medical therapy at the time of the request under review, the request for Psychological Pain Consult is medically necessary.