

Case Number:	CM15-0063673		
Date Assigned:	04/10/2015	Date of Injury:	03/04/2011
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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, California, Texas

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 39 year old female, who sustained an industrial injury on 03/04/2011. Currently, the injured worker complains of neck pain radiating from the neck down both arms. Pain was rated 7 on a scale of 1-10 with medications and 9 without medications. Her quality of life had remained the same. Her activity level had decreased. She reported that the medications were less effective. Current medications included Soma, Tramadol, Celebrex, Naprosyn, Wellbutrin and Linzess. Past medications included Percocet, Norco, Flexeril, Tizanidine, Neurontin, Lyrica and Nortriptyline. Diagnoses included post cervical laminectomy syndrome, cervical radiculopathy, spasm muscle and disorder muscle not elsewhere classified. Prescriptions were given for Tramadol, Soma, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCl 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per office notes, the injured worker reports decrease in VAS pain levels with the current medication regimen including tramadol. She reports improvement in specific activities of daily living. Significant side effects associated with opioid use are not documented. She is subject to urine drug screens. A June 2014 drug screen apparently did not detect tramadol, but per the treating physician she displays no evidence of aberrant medication behavior. Based upon the submitted documentation, the "4 A's" of pain management appear to be met. The request is medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 of 127.

Decision rationale: The injured worker has been receiving Soma (carisoprodol) on a long-term basis. MTUS does not recommend Soma for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. The request is not medically necessary.

Celebrex 100mg #60: 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); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69 of 127.

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends use of a COX-2 selective NSAID as an option for patients receiving oral NSAIDs who report dyspepsia or have risk factors for gastrointestinal adverse events. Per office notes, the injured worker is taking NSAID medication for neck osteoarthritis. Treating physician states that she

previously received good results from the non-selective NSAID naproxen but was changed to the COX-2 selective NSAID Celebrex due to stomach irritation. Celebrex was previously denied, and it is unclear from the submitted documentation whether injured worker has received an adequate trial of this medication. (Per notes, she has been paying out of pocket for tramadol and Soma, but not apparently for Celebrex.) Based upon the documented diagnosis of osteoarthritis, reported beneficial effect of previous naproxen, and GI upset with non-selective NSAID therapy, a trial of Celebrex is medically necessary and meets MTUS criteria.