

Case Number:	CM15-0064217		
Date Assigned:	04/10/2015	Date of Injury:	12/14/2010
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/03/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 12/14/2010. Diagnoses include musculoligamentous sprain cervical spine with upper extremity radiculitis, disc bulge, tendinitis right shoulder, right knee pretibial laceration healed, carpometacarpal joint inflammation both thumb, tendinitis both wrist, and status post C3-7 fusion (8/01/2014). Treatment to date has included diagnostics, surgical intervention, medications and work restriction. Per the Primary Treating Physician's Progress Report dated 2/09/2015, the injured worker reported neck pain radiating into both shoulders and into the left shoulder blade with restricted movement of the left shoulder. There is hypersensitivity with tingling of the right shoulder. There is loss of strength in both arms. Both wrist and thumb pain is on and off and right knee pain has improved. Physical examination revealed positive axial compression test to the base of the neck bilaterally. The plan of care included continuation of pain management treatment and medications and authorization was requested for Percocet 7.5/325mg #120, Baclofen 20mg #60, and Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 MG QID As Needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, pages 110-115 Page(s): Criteria for use of opioids, pages 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no documentation of objective functional improvement of pain with this chronic narcotic pain medication. This patient is noted to not be working - he is retired. The records do not definitively state that the patient is receiving all narcotic prescriptions from only one provider. Likewise, this request is not considered medically necessary.

Baclofen 20 MG BID As Needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, pages 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, pages 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Baclofen is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Baclofen is not medically necessary.

Celebrex 200 MG BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66 Page(s): NSAIDS. Pages: 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS

guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Celebrex is not medically necessary.