

<b>Case Number:</b>	CM15-0093440		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/30/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Pennsylvania

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 is a 64 year old female who sustained an industrial injury on 10/30/02. The injured worker was diagnosed as having right wrist fracture, carpal tunnel syndrome, osteoporosis, arthritis of right knee, cervical spondylosis without myelopathy and lumbar radiculopathy. Treatment to date has included oral medications including opioids, cast to right wrist, activity restrictions, chiropractic treatments, physical therapy, trigger point injections, knee injection, and surgeries of right wrist. Reports from October 2014 to April 2015 describe ongoing right wrist pain. Oxycodone, Robaxin, Celebrex, and ibuprofen were prescribed since October 2014. Currently, at a visit on 4/9/15, the injured worker complains of sharp, stabbing right wrist pain without radiation rated 5/10 with medications and 10/10 without medications. Current medications include oxycodone, docusate, robaxin, ibuprofen, Neurontin, and Celebrex. Examination showed dorsal swelling of the right wrist with reduced range of motion. The last urine test was noted to be appropriate. A signed pain agreement was noted. Work status was noted as unable to return to work; this status was noted in progress notes from December 2014 through April 2015. A request for authorization was submitted for Oxycodone, Robaxin, Celebrex, Neurontin and Ibuprofen. On 4/23/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Oxycodone 10mg tabs #120; 1 tab po q6h 30 day fill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic wrist pain. Oxycodone has been prescribed for at least 6 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, and work status was consistently noted as unable to return to work. An opioid contract was noted and urine drug testing was discussed, but no results or dates of urine drug testing were submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, oxycodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Robaxin 750mg tabs #90; 1 tab po tid 30 day fill; 0 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** This injured worker has chronic wrist pain. Robaxin has been prescribed for at least six months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. Robaxin's mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain.

No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status was consistently noted as unable to return to work, there was no discussion of improvement in activities of daily living, and office visits have continued at the same frequency. Due to length of use in excess of the guidelines and lack of functional improvement, the request for robaxin is not medically necessary.

**Celebrex 200mg tabs #30; 1 cap po qd; 30 day fill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** This injured worker has chronic wrist pain. Celebrex has been prescribed for at least six months. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Blood pressure readings were recorded at office visits, but there was no documentation of monitoring of blood tests. The treating physician is prescribing both celebrex and ibuprofen. This is duplicative, potentially toxic, and excessive. There was no documentation of functional improvement as a result of use of celebrex. Work status was consistently noted as unable to return to work, there was no discussion of improvement in activities of daily living, and office visits have continued at the same frequency. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. There was no documentation of increased risk of GI complications for this injured worker. Due to lack of specific indication, length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity, the request for celebrex is not medically necessary.

**Ibuprofen 800mg tabs #60; 1 tab po q8h 30 day fill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** This injured worker has chronic wrist pain. Ibuprofen has been prescribed for at least six months. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Blood pressure readings were recorded at office visits, but there was no documentation of monitoring of blood tests. The treating physician is prescribing both celebrex and ibuprofen. This is duplicative, potentially toxic, and excessive. There was no documentation of functional improvement as a result of use of ibuprofen. Work status was consistently noted as unable to return to work, there was no discussion of improvement in activities of daily living, and office visits have continued at the same frequency. Due to length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity, the request for ibuprofen is not medically necessary.