MAXIMUS Federal Services

Case Number:	CM14-0140791		
Date Assigned:	09/10/2014	Date of Injury:	05/03/1997
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/01/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65 year old male with a date of injury on 05/03/1997. He fell on his right shoulder while at work. In 12/2006 he had right shoulder arthroscopic surgery. A right shoulder MRI in 08/2007 revealed a recurrent supraspinatus tear. On 04/30/2014 he was P&S. On 06/25/2014 he had right shoulder pain with decreased range of motion. Hawkin's, Neer's and drop arm tests were all positive. The right middle finger sensation on the right side was decreased. Motor strength testing was limited by pain. His medication included Colace, Gabapentin, Celebrex, Norco, Flexeril and Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg Capsule SIG: Take 1 capsule two times a day, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for use of opioids Page(s): 77.

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

Decision rationale: The patient continues to be treated with opioids for chronic pain. The prophylactic treatment of opioid induced constipation with Colace, a stool softener, is consistent with MTUS Guidelines in the Chronic pain section, Opioids.

Celebrex 200mg Cap SIG: Take 1 daily as needed, QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67-74..

Decision rationale: Celebrex is an NSAIDS. MTUS, chronic pain, NSAIDs notes that these medications should be used "at the lowest dose for the shortest period." In this patient Celebrex is being used as a long term treatment. They are approved for the treatment of osteoarthritis, anklylosing spondylitis, rheumatoid arthritis, back pain and knee pain. In this patient it is being used as treatment for chronic shoulder pain. NSAIDs are associated with an increased risk of coronary artery disease, renal failure and hypertension. The use of Celebrex for long term shoulder pain is not consistent with MTUS guidelines and is associated with many adverse effects.

Gabapentin 600mg Tablet SIG: 1/2-1 twice daily, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): page 49..

Decision rationale: MTUS, Chronic pain, page 49 notes that "Gabapentin is an anti-epilepsy drug which has shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain." There is no documentation that the patient has diabetic neuropathy, post herpetic neuralgia or neuropathic pain. He has chronic shoulder pain and the use of gabapentin for this patient is not consistent with FDA approved indications and is not consistent with MTUS guidelines.