

Case Number:	CM14-0145582		
Date Assigned:	09/12/2014	Date of Injury:	09/30/1999
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 California. 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 injured worker is a 50 year old female who sustained an injury on 09/30/1999. No specific mechanism of injury was noted. The injured worker has been followed for ongoing chronic neck and left shoulder pain. The injured worker is noted to have GERD symptoms with medications. This was controlled with other medications. The 08/21/14 clinical report noted ongoing neck and left shoulder pain that was well controlled with medications by over 50%. The injured worker's physical exam noted mild weakness in the left shoulder with tenderness to palpation in the left elbow. There was also tenderness to palpation at the TFCC region. Medications continued at this evaluation included Celebrex, Flexeril, Vicoprofen, Cymbalta, and Voltaren Gel. The injured worker is noted to be able to continue working with medications. A request for Celebrex 200mg, #30, Flexeril 10mg, #30, Vicoprofen 7.5/200 mg # 60 and Voltaren gel 1 %, # 10 tubes of 100 mg was denied in utilization review on 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): page(s) 67-68.

Decision rationale: In regards to the use of Celebrex 200mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, this request is not medically necessary.

FLEXERIL 10MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):) Page(s) 63-67.

Decision rationale: In regards to the use of 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.

VICOPROFEN 7.5/200 MG # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page(s) 88-89.

Decision rationale: In regards to the use of Vicoprofen 7.5/200mg quantity 60, this reviewer would have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical report noted that the injured worker achieved more than 50% improvement in pain with this medication and was able to work full time. The injured worker had no aberrant medication use documented and there were no reported concerns regarding compliance. The injured worker is taking a relatively low dose of narcotic medications with significant efficacy. As such, ongoing use of this medication would meet current evidence based guideline recommendtions regarding ongoing use of narcotic medications. Therefore this request is medically necessary.

VOLTAREN GEL 1 %, # 10 TUBES OF 100 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: In regards to the use of Voltaren gel 1% 10 tubes of 100mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. There is a duplication of therapy noted as the injured worker is also being prescribed oral celebrex. It is noted that the injured worker had GERD symptoms with medications; however, there is no indication that the injured worker is unable to tolerate oral NSAIDs. As such, this request is not medically necessary.