

Case Number:	CM13-0015186		
Date Assigned:	10/09/2013	Date of Injury:	01/01/1997
Decision Date:	02/03/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a male patient with a date of injury of January 1, 1997 - March 12, 2010. A utilization review determination dated July 26, 2013 recommends noncertification for pain management consultation evaluation and treatment, and noncertification for Celebrex. A progress report dated July 31, 2013 states, "the patient has been requiring chronic narcotic pain medication for nearly 3 years now. This may adversely affect his kidneys and liver. As a spinal surgeon and not a board certified pain management physician, I do not feel comfortable treating the patient with ongoing narcotics. It would be safer for him to see a specialist who may have alternate safer medications for him." A progress report dated September 6, 2013 identify subjective complaints stating, "patient reports bilateral buttock pain. He reports pain in both hips anteriorly. He is using his bone stimulator." The note goes on to identify, "medications: Norco and Celebrex." Physical examination identifies reduced range of motion in the cervical spine, decreased strength in the upper extremities, pain with hip range of motion, and pain over the sacroiliac joint. Diagnoses include C6-7 successful ACDF, C 5-6 adjacent segment disease, now status post removal of hardware, cervical pain and radiculopathy, thoracic radiculitis, status post decompression and instrumented fusion at L4-5 and L5-S1, chronic low back pain, lumbosacral radiculitis, possible axonal polyneuropathy. The note goes on to state, "he will take his Norco as needed. He tried ibuprofen which caused significant G.I. irritation. Therefore, I prescribed Celebrex which is helping."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management consult for evaluation and treatment between 7/10/13 and 9/22/13:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-79. Decision based on Non-MTUS Citation State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit, page 52

Decision rationale: Regarding the request for pain management consult, California MTUS and ODG are silent regarding this request. Regarding the ongoing use of opiate pain medication, guidelines recommend consistent follow-up on a regular basis. Chronic Pain Disorder Medical Treatment Guidelines state that consultation or referral to a pain specialist should be considered if standard treatment measures have not been successful or are not indicated. Within the documentation available for review, it is clear the patient has undergone numerous standard treatment measures. The patient appears to be relatively stable, with ongoing use of opiate pain medication. The requesting physician has asked that a pain management physician see this patient to take over the prescription of narcotic pain medication. Therefore, since the patient has been unsuccessful with standard treatment measures, and requires ongoing prescription of opiate pain medication, the currently requested pain management consultation is medically necessary.

Celebrex between 7/10/13 and 9/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-69.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs (and Cox-2 inhibitors) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvements. Additionally, it is unclear exactly how the Celebrex is being utilized, once a day, twice a day, or on a PRN basis. In the absence of clarity regarding those issues, the currently requested Celebrex is not medically necessary.