

<b>Case Number:</b>	CM13-0022142		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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:

The patient is a 43 year old woman who sustained a work related injury on May 3 2007. She has a history of motor vehicle accident, left ankle and knee injury, carpal tunnel syndrome, and left hip arthritis. Subsequently she developed chronic back pain treated with physical therapy and pain medications. Her physical examination performed on May 10 2013 showed lumbar tenderness, a positive FABER test on the right, and decreased range of motion of the lumbar spine as well as positive straight leg raise test to the right. She did not respond to Celebrex. The patient was diagnosed with chronic pain syndrome, radiculopathy, lumbar spine herniation, and right sacroiliitis. The provider requested authorization to use Celebrex, Flexeril, Prilosec and Norco for the patient pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen (Norco) 10/325:** 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): 179.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that for the ongoing use of opioids, there should be a clear documentation of pain relief, functional status, and any adverse side effects or aberrant drug behavior. There is no clear documentation of this patient's improvement in level of function or quality of life in the medical records provided for review. Also absent in the submitted records are results from an adequate follow up for absence of side effects and aberrant behavior. Therefore, the request for Norco 10/325 is not medically necessary and appropriate.

**Flexeril 7.5 mg:** 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.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Guidelines indicate that the efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm. The request for Flexeril 7.5mg is not medically necessary and appropriate.

**Prilosec 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Omeprazole is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk factors for gastrointestinal events outlined in the MTUS Chronic Pain Guidelines are "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no documentation in the medical records provided for review that indicate the patient is at an intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg is not medically necessary and appropriate.â¿¿

**Celebrex 200mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Celebrex is indicated in case of back pain especially when there is a failure or contraindication of NSAIDs. The MTUS Chronic Pain Guidelines indicate that there is no clear documentation of the efficacy of Celebrex. There is no clear evaluation of risk benefits of NSAIDs versus Celebrex. There is no documentation of failure or the occurrence of adverse reactions with the use of NSAIDs. Therefore, the request for Celebrex 200 mg is not medically necessary and appropriate.