

Case Number:	CM13-0025007		
Date Assigned:	03/12/2014	Date of Injury:	04/25/2007
Decision Date:	05/09/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 30-year-old male who reported an injury on April 25, 2007. The mechanism of injury was from a fall. The injured workers medications include naproxen, hydrocodone/acetaminophen, Vicodin, Phenergan, and Voltaren Gel. The August 05, 2013 clinic note reported a complaint of back pain with radiation into both wrists and the left knee, rated at 5/10. On examination, he had diffuse tenderness to the left wrist with reduced range of motion. The clinical impression stated that findings were consistent with lumbar facet joint pain on the right L2-4 and the left sacroiliac joint with possible left lumbosacral radiculopathy or plexus injury. A January 11, 2008 MRI revealed a broad-based bulge at L4-5 and L5-S1 with bilateral facet arthropathy, with multifocal pain that was inadequately improved. The injured worker was recommended for wrist injections, continuation of his prior medication regimen, and start fentanyl patch and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC (FENTANYL PATCH) #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: The California MTUS guidelines state that ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted indicates the injured worker is prescribed other opioids; however, evidence of objectively measured pain relief and functional improvements, on a visual analogue scale (VAS), were not provided to support efficacy. The documentation does not support the need for additional pain medication at this time. As such, the request is non-certified.

CELEBREX 100MG 1-3 Q DAY #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 67-68.

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

Decision rationale: The California MTUS guidelines recommend Celebrex as an option for short-term symptomatic relief of chronic low back pain; however, the documentation submitted indicates the injured worker is prescribed other opioids and NSAIDs and did not provide evidence of lack of pain relief and functional improvements to support the need for additional medication. As such, the request is non-certified.