

Case Number:	CM13-0028907		
Date Assigned:	06/11/2014	Date of Injury:	05/12/2010
Decision Date:	08/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60 year old male who sustained an injury on 05/12/10 when he tripped and fell landing on the left knee and striking a gate post with the left shoulder. The injured worker had a prior total knee arthroplasty of the left knee prior to the date of injury in 2008. Prior treatment included physical therapy for the neck. Medications included anti-inflammatories. There was associated depression which was addressed with medications. As of 08/26/13 the injured worker continued to report generalized pain more severe in the neck. The injured worker reported no benefit from Celebrex. The injured worker was utilizing Norco at a rate of two to three per day. Prescribed medications included ibuprofen 600mg, Zolof 50mg, Vicodin 5/500mg, Celebrex 200mg, Celexa 20mg, and Norco 10/325mg. No specific VAS scores were noted. Physical examination noted decreased range of motion in the cervical spine on rotation. Norco, Celebrex, and Celexa were refilled at this visit. The injured worker was recommended to slowly taper off Norco at this visit. The requested Celebrex 200mg #60 with two refills and Norco 10/325mg#60 with five refills were denied by utilization review on 09/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 # 60 With Five Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 88-89.

Decision rationale: In regards to the use of Norco 10/325mg quantity 60 with five refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This reviewer would not have recommended this medication as medically necessary. It is noted in the prior utilization review that this quantity was modified to 60 tablets to facilitate weaning. Given that the injured worker was recommended to slowly taper off of Norco, this reviewer would have agreed with this determination. The requested 60 tablets with five refills would be excessive for the recommended tapering of Norco. Therefore this reviewer would not have recommended this medication as medically necessary based on the submitted request.

Celebrex 200 Mg #60 With Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Cancer Pain vs Nonmalignant Pain.

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

Decision rationale: In regards to the use of Celebrex 200mg quantity 60 with two refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This reviewer would not have recommended this medication as medically necessary. As clearly noted in the clinical documentation, the injured worker had no benefit from Celebrex. Therefore it is unclear why this medication was continued. Given that guidelines do not recommend long term use of anti-inflammatory medications, and as there was no documented benefit from Celebrex, this reviewer would not have recommended this request as medically necessary.