

Case Number:	CM13-0030495		
Date Assigned:	12/13/2013	Date of Injury:	03/28/2008
Decision Date:	02/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, is Fellowship Trained in Reconstructive Surgery and is licensed to practice in Illinois, Texas and West Virginia. 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 56-year-old female who reported a work related injury on 03/02/2008, as a result of strain to the lumbar spine. Clinical note dated 09/10/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued lumbar spine pain complaints. The patient reports numbness and weakness. The provider documents the patient is utilizing Neurontin, Vicodin, and Celebrex. The provider documented the patient was to undergo an epidural steroid injection; however, this was put on hold as the patient is status post breast augmentation. The patient documents lumbar spine range of motion was limited secondary to pain. The provider documented recommendation for the patient to continue utilization of Celebrex 200 mg 1 by mouth daily as well as Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG QTY 30: 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): 30.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's current medication regimen, as it is unclear the efficacy of treatment. The provider did not indicate the patient's objective functional improvement or decrease in rate of pain on a VAS scale to support continued utilization of Celebrex. California MTUS indicates unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral on patients who are being considered for surgical intervention or interventional pain procedures. Given the lack of documentation evidencing efficacy of the patient's treatment with this medication, the request for Celebrex 200 mg, quantity 30, is not medically necessary or appropriate.

VICODIN 5/500MG QTY 60: 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): 78.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's current medication regimen, as it is unclear the efficacy of treatment. The provider did not indicate the patient's objective functional improvement or decrease in rate of pain on a VAS scale to support continued utilization of Vicodin. California MTUS Guidelines state Vicodin "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given the above, the request for Vicodin 5/500MG QTY 60 is not medically necessary or appropriate.